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SOME OBSERVATIONS ON APPROACHES TO THE THEOLOGY OF PSYCHOTHERAPEUTIC EXPERIENCE

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Those of us with any breadth and depth who have operated in the two fields of theology and psychotherapy have felt ourselves to be in a perplexing no man's land without specific boundaries. Many of us have the odd experience of discovering that our experience in psychotherapy has made theology come alive for us, at the least in promise, at the most really alive. We have discovered that our theology bears a relation to our psychotherapeutic experience, makes it meaningful, at least in promise, at most really meaningful. We have felt that this relationship needs to become firm and specific. We learn a theological language, and we learn a psychotherapeutic language; both are real, but most of us are still bewildered as to how we can bring the languages together. This I call "the dilemma of two languages." The dilemma raises in us daily the specter and anxiety of the ancient truth that one cannot serve two masters. The need for bringing together these two languages was prominently expressed as pressing at the 1957 National Conference on Clinical Pastoral Education.

In this paper I do not propose to make any systematic attempt at bringing these two together, even sketchily. What I do propose to do

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is to present some observations on a method of bringing these two languages together, with the hope that the observations may be of some use to others in their struggles with the problem.

One aspect of the problem derives from the basic construction of our neo-nominalistic culture, where things tend to be simply what we can observe them to be, and where everything appears to exist independently and in its own right. Thus each discipline simply stands alongside other disciplines, usually, except for its devotees, in a state of woeful neglect. We are unwittingly trapped in this when we make spatial metaphors of our problem, such as "I stand with a leg in both camps and am interested in getting them together." Or "I have an interest in these two fields and would like to see how they can be joined." The spatial implication is that they both occupy space, adjoining, and at the same altitude, and that the problem is to connect them somehow. This is unfortunate, and leaves open only one avenue of reconciliation: namely, the tour de force of defining terms in each field so that they become interchangeable. Thus, "salvation" exactly equals "psychological health" or "maturity"; or "the redemptive process" equals exactly the "therapeutic process"; or "pride," in the sense of "hubris," equals exactly "primary narcissism." This means there is no difference in status of the two languages. Now there may be times when some such method has its utility, as I will suggest later. But the method leaves a few things to be desired. For example, if theology is so defined, then what happens to the concern about "theology and history," or about "theology and sociology," or about "theology and natural science?" We wind up with the logical absurdity of "psychotherapy and history," or "psychotherapy and sociology," or "psychotherapy and natural science." These conjunctive concerns are worthy in themselves. The absurdity is that somewhere along the line we lost theology. I am attempting to point up the danger of this method; namely, that theology is defined away. I am also affirming an application of the ancient Christian claim that theology does not have the same status as other disciplines, in this instance psychotherapy. This has been one confusing error in our wrestling with the problem. The method, then, of direct and exact translation cannot serve us adequately.

I think that in order to discover the method we need to remember the claim made by the Church for theology in its relation to other disciplines. Theology is *regina scientiae,* the Queen of the sciences, of the disciplines. This is to say that one fits the disciplines into an appropriate place within the overarching framework of ultimate meaning provided by theology. In relation to our problem at hand, this means that the psychotherapeutic language needs to find its place, along with the language of other disciplines, in the overarching framework of meaning provided by the language, the symbols, of our theology.

Now, to digress a moment, there are some implications in this which

I want to consider. First, this implies that one knows the theological language. Second, this implies that one knows the psychotherapeutic language. It is not always my impression that we who have this problem to struggle with bother to learn either language very well. This is sad as well as inexcusable for those of us who advertize ourselves as teachers supposedly knowledgeable in both fields. Without some fairly thorough familiarity with both languages, our attempts to deal with the problem are bound to be terribly frustrating.

Another digressive observation I wish to make is that it is not of paramount importance which theological system attracts one most. Along the way I have had some contact with the thinking of Tillich, Niebuhr, Barth, Brunner, Bultmann, Karl Heim, Langmeade-Casserly, and Maritain. This contact has been "brushing" in some instances. Most of my readers could probably recite a similar list. But with a brief amount of "fiddling around," I have indicated to myself that the method I will come to works with any of these theologies and with most systems of psychotherapy. I except specifically from this observation fundamentalistic religious thinking, which I disregard as contemptible, in spite of Van Deusen's remarks on the "Third Force." Personally, Tillich has made the most sense to me, and I have tried rather hard to master his systematics, a most rewarding venture. It is largely his theological thought and language to which I will refer later in the paper.

Let me turn back to the problem at hand and develop another line of thought before I come to the method and its application. This thought has to do with the nature of the two languages. Theological language is abstract language. Psychotherapeutic language tends to be immediate and specific. There are the necessary exceptions, for psychotherapy was driven to develop abstract symbols—thus the Oedipus complex. But in the psychotherapeutic experience it is always the immediate and specific form and shape of *my* dealings or *your* dealings with mother and father with which we deal, and we may, if we are Freudians, call them my "Oedipal" or yours. In psychotherapeutic experience we are dealing with the immediate and specific realities of my life and yours, and this is what we talk about, and our talk comprises the psychotherapeutic language. Always this language is about the immediate and specific in one's living. Let us call this the "immediate language."

Theological language, being necessarily abstract, is remote. Thus, God created the world, man fell into sin and estrangement, God reconciled the world unto Himself through Jesus Christ our Lord, and continues the reconciling action through the agency of His Holy Spirit. But you and I do not live abstractly. We live concretely and specifically. We are cast each into his own specific "Dasein." Yet we need to relate ourselves in an ultimately meaningful way to ourselves and to our World. This raises

the question of ultimate meaning, the question of theology. Let us call theology the "ultimate language."

This brings me to the matter of a method of relating the immediate language of psychotherapy to the ultimate language of theology. I have tried to dispose of the method of direct translation earlier. What I come to now as a suggestion will not astound the theologically literate among you. It is the ancient as well as the modern way of analogy. It safeguards the dignity and status of both languages. This was the method employed by our Lord. For example, he teaches about the Kingdom of God by saying *it is like* a grain of mustard seed, or *it is like* the leaven a woman hid in three measures of meal (Luke 13: 18-20), or it is like a king who wished to settle accounts with his servants (Matt. 18:23). This was Paul's method. For example, in teaching about the bondage to the elemental forces from which Christ sets us free, he says it is like an heir who is a child; although he owns everything, he is like a slave under guardians and trustees (Galatians 4: 1-4). The analogical method, as can be seen, takes a vignette from the immediate language and says something in the ultimate language is like it. I want now to turn to some actual psychotherapeutic experiences to demonstrate how this method of building analogical bridges between the immediate and ultimate language can work.

The Case of Marion Farad

Marion Farad and her husband Donald came to me for assistance after hearing me deliver a series of four talks on the general topic of "The Christian Faith and Personality Development." It is important to note that it is out of their experience in the Church that they came in for assistance. Their problem as initially presented was the oldest daughter, Yvette, aged 15. Evie was defiant, rebellious, doing poorly at school, playing truant, and Mrs. Farad was finding her quite unmanageable, and both parents were quite worried, especially Mrs. Farad, who felt quite depressed and guilty about her failure as a mother. During the interview, Mrs. Farad did most of the talking while Mr. Farad remained silent. On two or three occasions I asked him for his view of the matter under discussion, and each time he supported in a few words his wife's comments. It appeared to me that Mr. Farad did not often enter directly into the relation between his wife and daughter with its problems, but there seemed little doubt that he supported his wife. It was also apparent that both parents regarded Evie's behavior as a function of Evie's relationship with Mrs. Farad. With this in mind, I suggested an indefinite series of interviews with Mrs. Farad, two per week, with the understanding that Mr. Farad or Evie might be called if this seemed wise.

Marion Farad was a tall, deeply tanned, well proportioned, and attractive looking brunette. During the first and subsequent interviews I was impressed with the meekness, the sheepishness, of her manner. There

was a great deal of hesitancy in her conversation. She sought to make me take the initiative for any discussion. One of the earliest integrations of our relationship had me in the role of the expert pontificating from his vast store of wisdom to the eagerly awaiting student who was oh, so ready to be overwhelmed. I found myself often having been seduced into this role, despite some considerable awareness of my affinity for it.

Mrs. Farad was 33 years old at this time. She had been born and raised in this area. Her parents had been divorced prior to her memory when she was little more than an infant. Contacts with her father were restricted to the reception of Christmas and birthday gifts. She had never seen him. She did not know much about him, since she recalled that her mother rarely referred to him. She did know that the divorce was due to infidelity on the father's part, the details of which were unknown to her. She had never asked her mother about her father because the subject was apparently quite painful for the mother.

She was raised by her mother alone. Mother taught in the public school system for many years, retiring recently. Mother was 27 years older than daughter. Father's age was unknown, but apparently about the same as mother's. There were very few memories of growing up. She had always the impression that she was a good and obedient girl. She remembered one or two incidents where she had gotten angry at mother. She recalled that mother became very hurt: "I am devoting my life to you. How could you do this to me?" She was meek and passive at home, at school, and at play. She read a good deal, and played by herself a good deal. She was lonely. She can remember only a very few girls whom she called "good friends." But investigation indicated that the relationships were superficial. She did not enter any kind of direct competitive activity, either in sports or games. She was, however, an excellent student and recalls clearly her intense obsession about being the number-one student in the class, and her deep disappointment when she was only number two or number three.

The home was neat and clean. Mother was a gentle and pure soul, who managed most things in the home well, and allowed Marion only brief tasks. In her gentle way, Mother also seemed to dominate thoroughly the life of her daughter. This was done by voicing the expectations of sweet, pliable, and non-threatening behavior, and by enforcing these expectations and by becoming hurt or even sick when Marion deviated from the path.

Sexual education and experience before marriage was accidental. Mother avoided the subject and when asked for a bit of information replied briefly and in a manner which said: "I have a responsibility to educate you here, I suppose, but please let's just skip it." There was an air of mystery, fascination, and guilt about it. Marion had no experience of sexual experimentation with other children. Even through adolescence,

she did not recall ever having spoken of sexual matters, and especially of her own interest and curiosity with any of her "good friends." She did not recall that any of her friends ever brought it up. She picked up some sexual information from her extensive reading, and there was an apparently active fantasy life, which I was unable to learn much about. She learned to masturbate accidentally in early adolescence and masturbated with some regularity. Her sexual fantasies were heterosexual, the objects varied. Always there was romance, and always she was swept off her feet, the male being the initiator.

She was graduated with honors from high school at the age of 17 and was preparing to enter a local university, when suddenly she married her husband under interesting circumstances. During her high-school days she had had only occasional dates, and the most minimal experience with necking. Sometime around graduation she met her husband, who was an engineering student. He was and is an attractive looking man. He swept her off her feet, introduced her to the realities which she had formerly fantasied, and she became pregnant, an event of significance, to say the least. Donald was only mildly disturbed by this, feeling he loved her, and would gladly marry her. The marriage was quickly entered into, and apparently has been a reasonably stable enterprise with exceptions I shall note in a moment. I might add at this point that the husband seemed to be a quiet man, with quite definite views about things, which were quietly but definitely expressed. He did not become easily disturbed, and, when he did, exhibited this as straightforward annoyance. The relationship as I came to understand it seemed to be taken for granted by both Donald and Marion. There was never much conversation going on between them. There were few disagreements. Donald was a man of ordered temperament and habits and Marion was content to cooperate with them. Donald at the time I began working with Marion was and had been for some years employed as a quite high-priced engineer in a Government technical agency. His job took him out of the city from time to time, a circumstance of some minor importance, as you shall see.

For Marion, however, the pregnancy did not come as good news at all. She was completely humiliated and mortified, alternating between moods of guilt and depression, and remorse and anger. I learned of these events after several interviews during which she was passively demanding that I suggest the topic and launch the hour's discussion. In the hours just preceding the one in which she confessed this all to me she became more tongue-tied, more halting, and I was becoming increasingly intrigued with the high level of suspense which she managed to produce. Finally, she said at the end of one hour, when her hesitancy had been acutely painful, "I just can't tell you." Indeed she couldn't, since there was no more time. In the next hour she told me of this.

Up to this time she had talked about her despair of ever dealing with

her daughter, Evie. How she tried to be patient and understanding, and how she just couldn't make it stretch; how irritating Evie's wild behavior could be, and how sometimes she would erupt from her meekness in a wild rage and shake Evie and scream at her; how guilty this would make her, and how much she wished she could love the child always.

After the confession of Evie's conception and the hasty marriage, she told me how she had hated being pregnant. It had ruined everything. Now she could not go to college as she had planned and wanted so badly. Her one area of competence and success was removed from her by Fate. She had not hated Donald. She had been grateful for his willingness to marry her. She just hated being pregnant. And she hated Evie for doing this to her. As she confessed this in a moving and stirring hour, she showed me her shame and humiliation, and her terrible dislike of herself for having had this hatred for Evie, which for years she had been trying valiantly to repress.

After a number of hours of working through this experience, Marion in due course was able to look at Evie and her relationship with Evie in a much calmer way. I might add, since I have neglected this so far, that eight years after her marriage, Marion had a son, and three years after that another daughter. These pregnancies were enjoyed, and she loved the babies and had no problem with them. She could not understand why there should have been this difference. It became clearer to her at this point. Several things came out in clear perspective. What she had considered Evie's "wild" behavior I now came to learn about in greater detail. Evie was boy crazy, couldn't get her mind off boys, and couldn't talk about anything but boys. Not only that, but she was reasonably successful with boys. They hung around in droves. She dressed for boys, she primped for boys, she ate and slept boys, or so it seemed to Marion. And Marion didn't know what Evie might be up to with them and worried a great deal about what Evie might do with boys. Why, oh why couldn't Evie just settle down, quit being so boy crazy, so flamboyant? Why couldn't she buckle down and be serious and become a steady and competent scholar? It was so maddening, of course not as much as it had been.

As might be expected, by this time there was some improvement in the general hesitancy of her manner with me. A couple of other things came up at this point in our work. She told me in a moment of great derring-do one day that she liked me and trusted me. This liking me, I learned, also included the fact that she was aware that I might make a pleasant bed partner. She seemed a little anxious as she told me. I had also been investigating at this time what went on at home with her during the day. She told me of her feeling of general inadequacy as a homemaker. This she felt was another aspect of her feelings of inadequacy generally in all spheres of functioning. Her homemaking activities never got completed. She always felt behind. Yet she always welcomed the interruption

of a phone call or a visitor. But did she welcome this? She would not be able to say "no" to the caller or the visitor.

She told me of a very kind man who lived across the street. Fiftyish. His wife worked. He was unemployed. Taught Sunday School at a local church. Very attentive to her. Called her several times a day. Brought her apples, oranges, flowers. Said he was just feeling neighborly. She enjoyed the attention, but it seemed odd. What did I make of it? I told her this was the way Sunday School teachers tried to seduce wives across the street. She was shocked, and I observed to myself that a substantial dissociation of hedonistic impulses was still going on. This, however, led into another series of confessions. A neighbor down the street was hired by Donald to make a recreation room out of the basement. This the neighbor did in his spare time, usually evenings and weekends. Donald was called out of town on a job during this construction. The neighbor came over in the evenings and worked. One night he kissed her. She described this initially as his action out of the clear blue, then told me that he was very attractive to her, and that she had gone down to the basement to watch him work, had said "You need some music," had turned on the victrola. He asked her to dance a few bars, she accepted gladly. *Then* he kissed her. This happened on several evenings, not going beyond light necking. She then told me how she did find men attractive and was aware of her hedonistic interests and fantasies. She enjoyed dancing, the pleasant contact. As she revealed all of this to me, and the revelations were real "firsts" for her, she also became anxious about her ability to control these impulses, fearing that she might be overwhelmed by them. This was her only indiscretion, however, since her initial dealings with her husband. The Sunday School teacher did not became a problem because he was not physically appealing. When she was able to admit her hedonism, she had no trouble seeing what the man was up to, and diplomatically severed the relationship. The man called back and confessed his love for her, saying he could not live without her, and so on, but to no avail.

All of this experience now was worked through rather carefully and permitted another alteration in her understanding of and attitude toward Evie. As she became comfortable with her hedonistic impulses and thoughts, the repressive maneuvers began to disappear. She could begin to make sense of the strange phenomenon of the meek, sheepish, studious mother and the flamboyant, hedonistic daughter. She could see her ambivalence toward Evie as a function of her own problem. First her covert fascination and identification with Evie's flamboyant hedonism, and her strong and covert encouragement of this behavior was seen and felt as a function of her own repressed hedonism. Second, her repressive actions and attitude toward Evie were seen and felt as a function of her own strong repression of her hedonism. She could see that the more hedonistic Evie became, the more sternly repressive she became, and that the moments when she erupted in a rage were the moments when she could scarcely contain the strong

upsurging of her own repressed wishes. The insight resulted in the gradual improvement of her relationship with Evie. Evie became much calmer, settled down to a steady boy friend, and became interested in the homemaking courses at school, though it was obvious she would not become a great scholar. Her mother could now appreciate and enjoy her daughter as never before.

Marion's dependent behavior with the inevitably accompanying feelings of inadequacy, unworthiness, and guilt was primarily defensive against the aggressive assertion of hedonistic impulses, a defense arrived at early in her dealings with her mother. She would be described psychiatrically as possessing a mild obsessive-compulsive neurosis with schizoid tendencies.

A couple of other things might be mentioned. As she became free from these repressions, and more comfortable in the reasonable assertion of herself, a problem arose in relation to Donald. As can be seen, Donald, with his well-ordered and regular ways, served as a desirable external conscience enforcing her repressive defenses. Her new freedom also posed a problem in adjusting this relationship. Fortunately, Donald seemed to enjoy the change after recovering from the shock. He found his wife a good deal more lively, discovered he could enjoy conversing with her, and began to see that she really wasn't the deadhead he had secretly suspected she was for years. The respect was salutary. A new, more vital and satisfying relationship began gradually to evolve.

Another thing of importance in our discussion. Marion had been active for quite a time in the church. Both she and Donald attended regularly. The minister was dynamic, the church was dynamic and exciting. People were coming alive, to use the expression. Though fascinating, Marion found it also frustrating. She was passive and meek. She joined a group formed to discuss the theology of Tillich, and as usual felt tongue-tied and inadequate. Everyone else spoke up, seemed knowledgeable, but she felt so dumb, so unable to understand. She wanted to understand Tillich, but had such a hard time.

During the time she was dissolving her repressive defenses, integrating her hedonism, and experimenting with a new freedom to assert herself, she found herself losing her feelings of inadequacy in this group in direct proportion to the amount of speaking she did. She found she felt somewhat more on equal terms with the group, and became comfortable about asking questions and discussing answers.

It was obvious here, though I have not included all the supporting data, that she used the church as she used her husband, as an external conscience enforcing her repressive defenses. It was rather exciting to watch the basic dynamic character of this relationship change, just as the one with her husband. She began to find her freedom and her power of being. The life of this church was exciting to her because it encouraged and sup-

ported this change, just as it had previously challenged her bondage to the point where she requested help in making the change.

It was particularly in connection with her experience in the Church, her confusions, and her questions that I sought to build analogical bridges from her experience in life and in psychotherapy to the theology she was hearing on all sides.

You will note that the entire discussion of Marion Farad's psychotherapeutic experience with me occurred within the immediate language. My task was to build appropriate analogical bridges to the ultimate language.

I want to select three of the areas which came up in our theological discussions to demonstrate how the analogical method can work in relating the immediate language to the ultimate language: freedom and the bondage of the will, salvation, and faith.

There was much to draw from. In our discussion of freedom and bondage, I drew first on Marion's experience with Evie. I reviewed for her how she had wanted so much to be patient and loving and understanding with Evie, and her exasperation at the eruptions of rage which took place, and how she had come to understand her repressive attitude to Evie as a function of her repression of her own hedonistic impulses, how indeed Evie's hedonism was to a high degree a response to covert encouragement from her which she had always overtly tried to deny and punish, how Evie from the very beginning represented the hedonism which she wanted and hated. Marion was quite familiar with all of this. (As an aside, I might add the obvious here: the analogical method will not work at this point unless the person has achieved a respectable degree of emotional insight into the experience being discussed.) It was not difficult for her to understand Paul's witness to his own bondage: "I do not understand my own actions. For I do not do what I want, but I do the very thing I hate . . . Wretched man that I am! Who will deliver me from this body of death?" (Romans 7: 15, 24). We talked about man as a structure of finite freedom, in nature and in history, but transcending himself and his world infinitely. We talked about freedom as meaning the ability of man in his transcendence to make fully centered decisions because of his transcendence. We talked about bondage of the will as meaning the inability to make fully centered decisions because of the loss of transcendence. I again pointed out to her that she could not love Evie as she wished because her secret hedonism and repressive defenses were compulsively determining her conduct outside of the awareness and control of her conscious ego, and that when we speak about the loss of transcendence, or the bondage of the will, we mean that it is like this experience. I reviewed that her insight achieved in therapy brought these hidden forces into her awareness, and permitted her to integrate them into her conscious functioning. I pointed out that when we talk about freedom from bondage, or the regaining of

transcendence, we mean that it is like this experience. In the same manner we dealt with the ordered monotony of her marriage, and the passive, sheepish, dependent manner she had brought into therapy. Marion was able to grasp this clearly.

In the discussion of salvation, I relied on the threefold character of salvation as Tillich has described it:[1] salvation as participation in the New Being, or regeneration; salvation as acceptance of the New Being, or justification; salvation as transformation by the New Being, or sanctification. We talked about the meaning of each. Regeneration means that one has been grasped in a relationship through which the saving accepting power of the New Being operates. Justification means that one accepts his acceptance. Regeneration and justification describe the reunion with God. Sanctification is the process in which the power of the New Being transforms personality and community, inside and outside the Church. I reviewed with her the experience she had had in her Church, to which she had turned largely for the reinforcement of her defenses, and partly for help. We looked at what had happened to cast doubt upon her religious defenses, how the life and word of this Church challenged and shook her, and how finally she had found herself in it. I pointed out that when we speak of the judgment of the Gospel or the New Being on the old state of affairs, we mean something like what had happened to her to challenge and shake her, and lead her to this turning, this repentance. Augustine in talking about prevenient grace would mean something like this by it. We talked about our experience together, how she had been grasped by my relationship with her (as indeed I had been by hers), and how this had been a saving, accepting experience. There was the time during those hours preceding the confession of her pregnancy and hate of Evie, for example, during which I was just as ready to be accepting as I was during and after her confession. Then there was the moment of her confession with all of her self-hate and guilt and shame for this unacceptable thing about herself. I pointed out that, when we speak of regeneration, the being grasped by the judging, accepting, saving power of the New Being, we mean it is like her experience in her Church and with me.

I pointed out to her how my acceptance of her and the acceptance offered her in her Church were not of themselves sufficient. She had first to reveal herself for accepting, and then, in experiencing the acceptance, she had to accept it. She had to come to the point of making her peace with these unacceptable things about herself, her hatred and envy of Evie, her own repressed hedonism, and so on. These things she had to accept in herself in the power of the acceptance she was receiving. I pointed out that when we speak of justification by faith through grace, the accepting of one's unacceptability in the power of being accepted, we mean something like this.

It was not difficult to cover sanctification, the process in which the

[1]Paul Tillich: *Systematic Theology,* Vol. II, University of Chicago Press, 1957, pp. 176-180.

power of the New Being transforms personality and community. Marion was clearly aware of the changes in herself and in her family community, and it was not necessary for me to say that, when we speak of sanctification, we mean something like this experience. Salvation cannot really be understood in its threefold character in such nice neat compartments as I have described them here. It is a process. The breakdown has been for emphasis, and clarity.

Marion frequently brought in questions about the meaning of faith. This got us into examining the specific ultimates to which she related herself. Earlier in her life, when she was growing up with her mother, a specific ultimate for her was the business of being number one in school. If only she could be number one, everything would be all right. This was the one area of self-assertion which was congenial to her mother. This could be described psychiatrically as an ego-ideal, as an aspect of her secondary narcissism. I pointed out that, when we speak of an idol, we mean something in which we invest ourselves as offering the answer to everything. When we speak of an idol, we mean something like this specific ultimate of being number one in school. I described faith to her as the state of being concerned ultimately, not about specific ultimates, but ultimately about the New Being in Jesus as the Christ. I described faith as the state in which one accepts one's acceptance in spite of one's unacceptability, and finally I described faith as a state in which one has the courage to be oneself in spite of the threat of non-being and in the power of the New Being. We reviewed the anxiety which she had about such things as her hedonistic impulses and any vigorous assertion of them. This anxiety had everything to do with the rejection she expected by her world should she give any place to them. I pointed out that, when we speak of the threat of non-being, we mean from a psychological vantage point something like the anxiety she experienced about the possible assertion of her hedonistic impulses. It was an act of faith when she confessed to me, an act of courage. The promise had been experienced, but there was no knowing whether I would be a welcher or not. It took courage to confess. And it was an act of faith when she accepted her acceptance. It took courage to humble her pride to do so. Finally, I pointed out that, when we speak of faith as the courage to be oneself despite the threat of non-being and in the power of the New Being, we mean something like the state in which Marion came to find herself, no longer dissociated and repressed, but much more integrated, spontaneous, and affording deeper, more rewarding, more enjoyable, more colorful, and more loving relationships with herself and her world. Her bondage has been ended, and she has been set into the freedom for which Christ has set us free.

This is a way I have found of working the analogical method of connecting the two languages. The example of Marion is most fortunate since it happened under ideal circumstances. It was sanctifying for me both personally and professionally. I hope it can be useful in some way to others.

RELATIONSHIP COUNSELING

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. . . he went his way
Down among the Lost People like
Dante, down
To the stinking fosse where the
injured
Lead the Ugly life of the rejected
And showed us what evil is: not as
we thought
Deeds that must be punished, but
our lack of faith.[1]

Auden wrote that of the pioneer psychoanalyst, but he might well have written it of the pastor. For the pastor in his relationship with his parishioners goes down into the morasses in which people are mired in their discreativity and blocked in their quest for life's meaning and helps them to faith. What the pastor offers is not simply a set of dogmas nor an institutional program but particularly himself and a relationship. The way he teaches faith is the same way a parent teaches faith. He does it by the attitudes which he displays and the integrity of character which he offers the person opposite him. What he is as a person and what he communicates about his life-affirmations in the parish influence his parishioners as much or perhaps more than his sermons or public prayers. It is all of a piece in a pastor of integrity. What we want to examine here are the attitudes and interpretations the pastor offers in his face-to-face contact with the parishioner in pastoral care and counseling. Our conclusions may well apply to the Christian laymen in line with Protestantism's belief in the priesthood of all believers. But to keep the focus clear, our remarks will be limited to the pastor-parishioner context.

The dust has pretty well settled on the directive versus non-directive styles of pastoral counseling. As is generally known, Carl Rogers was awarded a distinctive contribution award from the American Psychological Association in 1957, and moved from Chicago to Wisconsin, where he will continue his research. Much has been learned from him and much has

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[1]Auden, W. H., "In Memory of Sigmund Freud," p. 165, in *The Collected Poems* of W. H. Auden, Random House, 1945.

been distorted. It is important today that pastoral counseling pass beyond "non-directive" counseling to find its own distinctive character.

Just what are the tenets of relationship counseling? Let us look at the therapeutic processes from the standpoint of "relationship." Then we may apply them to the pastor-parishioner nexus.

I

Were one to characterize psychotherapy in two words, one might say, "Therapy is conversation and a relationship." The verbal aspects of therapy were investigated before the relational aspects, and well that might be. In the 1880's Breuer and Freud experimented first with the catharsis of painful experience, and when that worked, they thought "talking out" was the dynamic. But Freud encountered "resistances" which blocked the patient from remembering and associating. He tracked the resistance down to disturbance in the therapeutic relationship. He went on to formulate one of his most creative theories, the theory of transference which brought psychoanalysis to the dynamic of relationship.

Although contemporary psychotherapists have largely forsaken Freud's instinctual theory for social theory, the emphasis on the relationship between therapist and person has increased. Neurosis and psychosis are defined as disturbances in interpersonal relationships. The person's connections with the important people in his life were distorted in his maturing years and as a result he has built up certain security measures to keep down his anxiety. This disturbance makes him move toward people (dependence), against people (hostility), away from people (withdrawal), or in front of people (narcissism). In order to integrate his character structure, whose pillars and beams were formed by those distorted relationships with significant people, a person needs a "transforming friendship" with an expert in human relations. This is provided in psychotherapy.

What happens in the relationship between person and therapist? What are the healing forces which flow between these two seated in the therapist's office? Stated in relational terms, this is the flow of therapy from the seeking person's side.

First, the person relates himself to an expert in human relationships despite anxiety. The basic thing which the emotionally disturbed person has not learned is to trust. He is anxious in his relationships and is unable to relate to another because of anxiety. This neurotic anxiety is unnatural, but it is the person's defense that his self-esteem or self-regard is endangered and he can do little about it. What if someone tried to break down these barriers he has built—this "security system," as Sullivan termed it? He would be drowned in the flood of his feelings.

The fact that a person comes to a therapist is the beginning of trust. At least he will try to make the semblance of a relationship. But he feels anxious with this expert in personality, even though he realizes this per-

son will help him. The initial part of therapy has to do with the establishment of a trusting relationship. Dollard and Miller describe this process:

> To the therapist as a specialist the patient generalizes responses of trust, confidence, optimism . . . Despite these assurances of reversal of conventional attitudes, the patient will have to "learn" to trust the therapist in the actual situation. Such trust is not automatic but is slowly built up as the patient risks confidences and finds they are not punished.[2]

This trust in the person develops as he "communicates" his feelings to the therapist and finds that they are not degraded. His anxiety is gradually abated as he becomes able to talk with another person about things never before divulged to anyone.

As the person has been unable to trust people because of anxiety, the cause for anxiety—the attack upon his self-esteem—is dispelled with a warm and accepting therapist. The person learns to trust another human being and this is the beginning of his move toward wholeness.

Secondly, the person relives his difficulties in human relationships with the therapist. The therapeutic interview is a laboratory in human relationships. Here the person acts out his neurotic feelings and attitudes toward others and the therapist can bring him to understand their unrealistic and immature basis. The therapist does this by means of what Freud called the "transference."

Freud placed the period of the disturbance in the person's relationships in childhood, in the oedipal period (ages 4-6). At this age, the boy child falls in love with his mother and, wanting her for himself, hates his father to the point of wishing him dead. The girl child loves the father and hates the mother. For therapy to succeed, this complex must be worked through with the therapist in the role of the parent. Freud says:

> Transference is a proof of the fact that adults have not overcome former childish dependence; it coincides with the force which has been called "suggestion"; and it is only by learning to make use of it that the physician is enabled to overcome his internal resistance and do away with his repressions. Thus, psychoanalytic treatment acts as a second education of the adult, as a correction to his education as a child.[3]

Freud holds the therapist's first job is to attach the person to him in a dependent, childlike relationship. He acts as a good parent, but the person thinks of him—often visually sees him—as his own parent whom he has erotically loved or hated. The transference can be positive or negative, either affectionate or hostile. The job of the therapist is to work through

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[2]Dollard, J., & Miller, N., *Personality and Psychotherapy,* pp. 244-245, McGraw Hill, 1950.

[3]Freud, "Psychoanalysis: Freudian School," p. 674, *Encyclopedia Britannica,* 18 (1944).

this transference neurosis—Freud believes it assumes the proportion of a neurosis—and to do it as a good parent. He says:

> The decisive part of the work is carried through by creating—in the relationship to the physician, in the "transference"—new editions of those earlier conflicts, in which the patient strives to behave as he originally behaved, while one calls upon all the forces in his soul to bring him to another decision. The transference is thus the battlefield where all the contending forces meet.[4]

Granted that difficulties the person had were in his childhood relationships, their erotic nature is not assured. The revision of Freud's "transference" theory has been in the direction of showing how difficulties in every phase of childhood—pre-oedipal and post-oedipal—are responsible for neurosis. That the difficulty in childhood has been in one's relationship with authorities is the contribution of Fairbairn, Mowrer, Fromm, and Horney.

Fairbairn, for example, points out that the therapist finds transferred upon him the "good object" or conscience of the person. He says:

> The patient is not slow to sense that the therapeutic endeavor threatens to reproduce the situation against which his defenses were mobilized; and it is only by means of working through of the analytic transference situation in the setting of an actual "good object" relationship with the analyst, that the return of the repressed bad objects can be made to serve the therapeutic aim.[5]

In similar vein, O. H. Mowrer takes the view that in our culture the Super-ego and not the id has been repressed. The therapist finds transferred on him qualities of the Super-ego, previously in the minority. The transference is worked through with a good man, a moral authority. Mowrer elaborates:

> The transference thus provides the occasion for a kind of "therapeutic regression" . . . wherein the patient is able to replace his internal conflicts by interpersonal ones, and it is this circumstance which provides the chance for the new learning which makes radical ("deep") therapy possible.[6]

The distortions in human relations have more the nature of distortions in attitudes toward authority and power, rather than instinctual distortions. The conflicts that the patient experiences in the transference are with "power figures." For him it is a "tug of war" until he can see the therapist straight. Thus, Horney says transference is:

> . . . all the peculiar drives and reactions which the patient acts

[4]Freud, *A General Introduction to Psychoanalysis,* p. 462, Garden City, 1920.

[5]Fairbairn, W. R. I., *Psychoanalytic Studies of the Personality,* p. 166 (London: Tovistok, 1952).

[6]Mowrer, O. H., "Neurosis and Psychotherapy as Interpersonal Process" in *Psychotherapy, Theory and Research,* p. 8, Ronald Press 1953.

out inadvertently in the analytical situation itself—his expectations for an easy solution of his problems, his claims for special attention or love, his need to triumph over the analyst, his vulnerability to what he conceives as coercion or humiliation.[7]

The distorted attitudes can be traced not just to one period of childhood but to character attitudes formed with significant people all along the person's past history. These distorted attitudes are applied to present situations and they come out in the relationship with the therapist. As Clara Thompson says, " . . . the patient not only tries to relive childhood situations with the analyst, but he shows all his customary ways of reacting to people with the analyst."[8]

Sullivan finds an entirely new name for transference in order to keep it distinct from Freudian instinct theories, and that is "parataxic distortion." Sullivan explains that there are times when the person so loses the focus of the relationship with the therapist that he sees him in a "private" manner. Then Sullivan says there are three people present: the imaginary psychiatrist, the patient, and the psychiatrist who is "participant observer." Insight into this distortion will bring clarification of distorted attitudes in the person's past and present experience.

Thirdly, the person experiences the empathy of the therapist and responds to another person with genuine feeling. The early emotions the person experiences in therapy are dependent and distorted ones. He comes to the therapist anxious of getting involved with people, relating to people with his armor on but with chinks in his armor. To carry the figure further, he feels, radiating through the chinks, a warm emotion such as he has never felt before. This person in front of him is actually seeing through his eyes, walking "in his shoes," suffering with him through his anguish. It is unbelievable, but it is so.

This emotional communication is "empathy" first felt by the infant at the mother's breast, says Sullivan.

> *Empathy* is the term that we use to refer to the peculiar emotional linkage that subtends the relationship in the infant with other significant people—the mother or the nurse. Long before there are signs of understanding of emotional expression, there is evidence of this emotional contagion or communion.[9]

The emotional communication outside the spoken word stays with the person throughout life. The therapist utilizes it to show that he is "with the person" even in his darkest hour. Frieda Fromm-Reichmann tells of seeing a patient for nine months, during which time he was mute

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[7]Horney, K., *Are You Considering Psychoanalysis?,* p. 189, Norton, 1946.
[8]Thompson, C., *Psychoanalysis: Evolution and Development,* p. 104, Hermitage, 1950.
[9]Sullivan, H. S., *Conceptions of Modern Psychiatry,* p. 8, Washington School of Psychiatry, 1947.

except for the utterance of four sentences at the beginning in which he told his reasons for silence and apathy. This is what happened:

> During each interview I made at least one sympathetic remark or an interpretive comment upon the dynamics of one of those four sentences. I tried to keep my thinking concentrated on the patient and the therapeutic problem that he presented. I also attempted to *express by my whole attitude that I was with the patient* and fully prepared to see him through this period of apathetic silence, until he broke through it to resume verbalized psychotherapeutic exchange, which eventually led to his recovery.[10]

The therapist gets through to the "being" of another person and the person experiences relationship as never before experienced. The therapist lays aside his self temporarily in order to empathize, to get into the person's frame of reference.

In order to do this, the therapist must become an alter-ego for the person. In a passage with overtones of *kenosis* as understood in the New Testament, Rogers bespeaks the therapist's intention.

> I will become . . . another self for you—an alter ego of your own attitudes and feelings—a safe opportunity for you to discern yourself more clearly, to experience yourself more truly and deeply, to choose more significantly.[11]

This empathic communication is the substratum of relationship by which one self can feel into the situation of another self. The person in therapy experiences this, perhaps for the first time since the empathic bond with the mothering one was broken. It becomes the *via media* for establishing real relationships with other persons.

Fourthly, the person collaborates with the therapist and experiments with new relational patterns. If the therapeutic situation is a laboratory in human relations, the therapist is one with whom the person can begin to react differently, to try out new patterns of interpersonal behavior without the danger of public ridicule. At this stage the person thinks of the therapist as a friend, the therapist having fostered this relationship all along.

It was Horney, borrowing a phrase from John Macmurray, who first called therapy a "functional friendship." It is both more and less than friendship. Whereas friendship exists in and for itself, psychotherapy exists primarily for the purpose of helping the person with troubled relationships. Fromm-Reichmann speaks of therapy as "collaboration," each member of the therapeutic team having something to offer. The person offers his feelings and experiences, the therapist offers his empathy, his experiences with others in human relations and his objectivity.

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[10]Fromm-Reichmann, F., *Principles of Intensive Psychotherapy,* p. 127, University of Chicago Press. 1950.

[11]Rogers, C., *Client Centered Therapy,* p. 29, Houghton Mifflin, 1953.

The person tries out responsive feelings in the relationship and the therapist now is able to point to these instances of growth. As Janet Rioch says:

> What is curative in the process is that the patient discovers that part of himself which had to be repressed at the time of the original experience. He can only do this in an interpersonal relationship with an analyst which is suitable to such a recovery. . . . The reality gradually becomes "undistorted," the self refound, in the interpersonal relationship between analyst and patient.[12]

Fifthly, the person generalizes his new modes of relationship to persons outside of therapy. That is to say, the correct emotional responses which the person learns in relationship to the therapist, he carries over into his other relationships. Although this has been used in therapy, the law of generalization has not been applied until learning theory and psychotherapy became partners. Dollard and Miller define generalization:

> . . . the effects of learning in one situation transfer to other situations; the less similar the situation the less transfer occurs. Stated more exactly, reinforcement for making a specific response to a given pattern of cues strengthens not only the tendency for that pattern of cues to elicit that response, but also the tendency for other similar patterns of cues to elicit the same response. The innate tendency for transfer to occur is called innate stimulus generalization.[13]

They designate three levels of generalization and discrimination:

1. Those based solely on innate similarities and differences.
2. Those in which innate similarities or differences are enhanced by appropriate labels and other cue-producing responses.
3. Those in which labels or other cue-producing responses mediate the transfer of already-learned responses.[14]

On the first level, the person finds that trusting other persons leads to satisfactory responses and distrust leads to dissatisfactory responses. Trust is generalized and distrust tends to be extinguished. On the second level, the very "labeling" of his trusting emotions, as "I like John," "I dislike Mary," will enable him to form his relationships on a realistic basis. He will be relating to people on the basis of genuine rather than transferred feeling. On the third level, the learning of trusting response in the therapeutic interview simply awaits learning to put the correct "labels" on feelings of trust that he had for persons outside therapy.

Therefore, the person is able to relate to the people outside therapy with the patterns he has learned in therapy. He generalizes his genuine feelings for one person, the therapist, to the people in his social world.

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[12]Rioch, J., "The Transference Phenomenon" in Mullahy's *The Study of Interpersonal Relations,* p. 93, Hermitage, 1952.

[13]Dollard and Miller, Ibid., pp. 51-52.

[14]Ibid., pp. 104-105.

II

Now let us look again at the past or vis-a-vis the parishioner to see what a relationship theory of counseling has to offer. The pastor is a certain kind of person and does particular things in his role as the "religious guide" of his parishioners. He does not function as "amateur psychiatrist" or "vocational counselor," but as the person set apart to guide persons in their relationship with God and in their operation in a Christian community. He is what Emerson called a "representative man"; i.e., there is a pictorial or mediatorial quality to his person. He represents God and, particularly at crisis periods in the life of a person, is a symbol of God's presence. He represents the "conscience" of the community; and though he would in his preaching and public statements clarify the distortions in static morality, he cannot escape this role. He further represents the Gospel which is concerned with the salvation of the total person and not just a part; "adjustment" to community mores is transcended, therefore, in his counseling. Finally, he represents the church, the fellowship of believers, and would, particularly in grief work, elicit the mutual support of believers for the distressed. The danger here is as it is in the parent-child relationship that the pastor "play God"; but the possibilities for creatively mediating the grace of God are also present and the pastor may with humility be used as God's instrument.

What attitudes and intent does the pastor bring to his care and counseling with a parishioner?

1. In the beginning the pastor establishes the bond by turning with his whole being to the being of the parishioner. Pastoral care means *attending* the other person, listening to him and responding to the core of his being. If the pastor will speak and act from the depths of his total self, he will open creative channels between himself and the parishioner. Conversation will move from monologue to genuine dialogue, from communication to communion. Any pastor will tell you that in the frenzied rush of modern life, this is not a regular experience in the pastoral call. It takes a crisis, a counseling situation, for the parishioner to drop his "mask" and begin to let the pastor into his inner life. Moreover, many pastors are so encumbered with ecclesiastical impedimenta that time for this kind of attentive listening and response is at a minimum. But it is the key, we would maintain, to a genuine pastor-parishioner relationship.

2. In this trusting environment, the parishioner can confess his sins, can honestly face his feelings as he could not do before. Protestants, particularly of the free church, have trouble with the confessional side of pastoral care. The procedures worked out by such a person as the Swedish Lutheran, Gote Bergsten,[15] are not quite fitted for American tradition of freedom from authority. But the Protestant pastor is not fulfilling his role

[15]Bergsten, Gote, *Pastoral Psychology,* (London): Allen and Unwin, 1951.

if he does not help his parishioner face his guilty feelings honestly, and help him to find forgiveness. The clergyman differs from the psychiatrist at this point in that he must handle the objective side of guilt, as well as the subjective feelings expressed. The parishioner feels out of relationship with God as well as out of relationship with the person he has wronged. How does the pastor help him not only feel but obtain genuine forgiveness?

Let me tell of two examples in which I think something of a pattern may emerge. On one occasion a woman of thirty came to me to confess that she had committed adultery. Her husband, a Roman Catholic, was in the hospital with an ulcer, having worried himself sick over the affair. She was tearfully repentant during her rehearsal of the details. But after she had finished I sensed a need on her part for divine forgiveness. We went from the church office into the sanctuary and there I sat alongside her and asked her to pray in silence with me as we faced the altar. After several moments, I prayed a short prayer asking God to hear her prayer of repentance. She appeared relieved of guilt as she left the church. More followed this incident but it was a beginning for the erring wife.

On another occasion in a college, a young man engaged to a pretty and active young woman wrecked his car at a highway intersection and his fiancee was immediately killed. The young man was grief-stricken but also filled with guilt that he was responsible for his sweetheart's death. After talking over his overpowering feelings, the pastor sat alongside him in the front pew of the large church. In silence they prayed together for God's forgiveness and for God's comfort for the girl's family. The pastor then concluded with a short prayer entering into the stunned boy's experience and asking God's benediction upon all concerned. More counseling followed, but this was a most meaningful experience for him, the young man said later.

Is there not a pattern here that might well be followed? The pastor cannot forgive, but he can, in a similar station, stand or kneel alongside the penitent, and pray in silence for the forgiveness of God. The penitent is not pushed into prayer, nor is the silence empty (the penitent may even be able to verbalize his desire for forgiveness). But the pastor says by this action: I am a sinner even as you and I know that the channels of forgiveness are open if you honestly and humbly put yourself under God. Moreover, the penitent approaches God in community with the pastor and within a church—which is a "fellowship of the forgiven." More experimentation with this pattern needs to be done; however, I believe it has real possibilities.

3. The pastor in this attentive and reality-confronting relationship is responsive to the deepest thoughts, feelings and values of the parishioner. He is not afraid of the doubts which are expressed—even the bitterness of despair when a suffering person cries out, "Why does God punish me so terribly?" His theology is held in abeyance; his impulsive need to

reassure and smooth things over is put aside. He knows he must descend into hell oft-times with the parishioner before he can ascend into the heaven of cured and righted relationship with God. This is particularly true of the pastor's work with the grieving person. He must be willing to go down into the depths of suffering and anguished loss before the parishioner can affirm the meaning of pain and the victory of standing under God. The pastor may never have experienced personal loss himself, but he has walked in the "valley of the shadow" with others, and has an attitude of courage "in spite of" the threats of existence. Prayer during grief work again may move counseling from communication of feeling to the deepest levels of communion with God. The pastor opens the channels—again with silence, or directed meditation, or meditative prayer. If the parishioner is willing "to let go" and center down on the certainties of the love and comfort and power of God, the beginning of creative communion with the divine Thou may be made. Method here again is secondary; the primary concern is the pastor's extending of a relationship to the parishioner and pointing beyond and beneath himself to God.

4. Another dynamic in the pastor's relationship with his parishioner is identification. I spoke earlier of the representative and mediatorial function of the pastor. This comes to focus in the movement of the parishioner toward the pastor in identifying with him as a symbol of religion. The parishioner comes to the pastor with a theological problem, for example. The pastor cannot immediately talk "theology" or he will miss the dynamics of the problem. More than likely the theological problem is a smoke screen behind which lurks a personal problem. Neither can the pastor reduce the theological implications of many problems to mere "psychology" or he will rob the person of the centering values of his life. The way through is the way of the parent, to incarnate values with which the parishioner can identify. The pastor's authority in the care of souls lies here. His authority comes not just from his ordination nor from the Bible nor from the apostolic succession. His authority comes from his competence in relationships with God and man, in his being a channel for the healing power of God. He is a John the Baptist, not pointing to himself, but pointing beyond himself to the Divine Thou and to the Community of God in his confessional and caring task.

There is a power in the office of clergyman and the pastor had better be aware of it. Says Tom Bigham, "Its power is not only psychologically that of the unconscious depths where parental images take changing forms and are varyingly projected; its power is also theologically that of the community of belief . . . when (as for all of us in the West) God is described as Eternal Judge, the Truth, Heavenly Father, Good Physician."[16] What is described as transference by psychoanalysts becomes very much a part of the pastor's relationship with his parishioner. Carroll Wise

[16]Bigham, Thomas, "The Religious Element in Marriage Counseling," p. 17, *Pastoral Psychology,* Vol. 2, No. 24 (1952).

says the relationship should be person-to-person without transference. This is certainly the ideal; but I would maintain the transference of ideas of God to the minister and the minister's counter-transferences of the ideal Christian to parishioner are present and had better be recognized.

An experience working with a 22-year-old schizophrenic in a mental hospital brought this clearly to my mind. After approximately sixty interviews, I heard her say one day that I had powers to know what she was thinking, and to protect her, even when I was absent, from abusive fellow-patients. I questioned whether she thought I was God and she replied, "Yes, you're God." Granting the distortions of mental illness, I would still hold that this happens in any intensive relationship with a minister and the pastor can recognize it as one of the identifications of the parishioner with his representative role. This can be clarified in counseling and dealt with relationally. The pastor can use the relationship as a means of unscrambling the person's relationships with God and with the religious community. Representing God at one stage of counseling, the pastor helps the parishioner move beyond the transference to recognize the healing power of God in the relationship (greater than pastor or person). In the final stages of counseling, he points to the healing resources of the Christian community (i.e., worship, prayer, the Scripture, and sacraments, and in particular the small fellowship group—if such exists in his church). The mature pastor, like the mature parent, is aware of his representative role and does not escape it but uses it at certain stages of his work with parishioners. But in humility, he also knows the end of this relationship as well as its underlying spirit is the *Divine Thou.*

The pastor, then, finds his strength in the representative character of his role (which he must "live up" to) and the quality of the relationship he offers to his parishioner. He need not apologize for the kind of work he does with people; it is established not only in the cultural pattern of Western life; but it meets a fundamental need of people in their search for *communion.* He offers *communion* at its deepest level; and he opens the channels to forming a creative I-Thou relationship with God.

POET CLIENT

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My conviction grows that we will learn more about counseling from more material written directly by clients. Most material is still written by the counselor and sets forth his perspective in the process. We do have letters, autobiographical material, and now recorded counseling sessions which give us a more direct statement from the client's point of view.

One of my clients during the past year has been of a poetic spirit, and the poetry which he wrote during this period of counseling provides such a direct expression of a client's experiencing during the counseling process. Viewed chronologically during the period of his writing, it reveals some of the influences of his thoughts. I have chosen certain excerpts from these poems to illustrate his thinking and feeling.

Sometime after his wife had left him and taken their only child he was referred to me by a fellow minister. Curt Bradley began his counseling in the early part of 1957. Lines from his first work illustrate the longing and the very considerable resignation which he was experiencing at the time:

I've longed to know her many days,
But each new time I see her there
I know that I will never grow
To love her full and all her know.

For time is fast and she will grow,
Beyond my hopes or fears or woes,
Perhaps someday I'll know her full,
And God's own beauty more complete.

What more can I to capture then,
But fleeting signs of her rich heaven?

On this same date, along with the feelings of resignation, are expressions of new insight, identification, and recognition of the block and walls that have been built:

It seems we spend so many years,
In learning all the ways to fight;

In building walls of awful fears,
Which block the path to greater might.

And then when time and worries do befall
Our lives with sudden death, it's only then
We struggle to be free and strive to call,
Upon the One whose love will never end.

He has come to a recognition of his existence, his fears, his "blockings-off" from life. Now he also sees that it is in a desperate extremity that he is driven to call upon God and His never-ending love. But fear is found to be predominant:

But fear, instead of love, commands
My thoughts and hopes of holding hands.

In the following lines we can feel how the experiencing of the fear and the defeat and the resignation is gradually coming about. He gives expression to the attempt to turn the matter over to God before feeling through the full impact of separation or defeat:

My prayers I sent to Him above.
But now I face the awful truth.
You've turned your head the other way
There's nought for me but wave goodbye.

After the initial sending of the prayers above, then the deeper facing of the full defeat, and then the full experiencing of the separation in the relationship, now he is ready to consider where that love on which he might build may truly be.

For in this struggle I have found,
That love is meant for all I face.
I'll search for love where it abounds,
In those who know it's saving grace.

For there are those who've faced the day,
And learned that love is all that's worth,
In living life the only way
To God and heaven on this earth.

On the day following the writing of these lines, wherein he gradually experienced the full depth of the separation and defeat, he comes to new insights about his past life and his present situation. The following lines entitled "Lost?" give expression to the glimmers and buds of new insights that are born in the depths of experienced defeat. They help to make it clear to us why the person needs to experience fully and deeply the impact of grief and sorrow and separation and loneliness before new insights and new possibilities and new, more positive feelings can have a chance:

For one who's made his life in things,
And shunned the thought of coming close,
To any other fellow man,

It comes as quite a shock to find,
That I can feel the awful hurt,
When one I love so incomplete,
Would turn her back in full retreat.

It proves, I feel, that I can love,
More deeply than I ever dreamed.
And only this pain of loss,
Did I know well how much I feel
Towards this woman once my wife.
So, in this loss I've learned my strength,
To love to even greater length.

The lesson I have learned through this,
Goes on beyond this only thought.
I learned to know you even more,
And find in you that I am not,
The one from whom you run away,
Your rushing feet are not from me,
But from the One who made us we.

A new and deeper recognition of his life "made in things," the shunning of coming close, the caring that brings on shock and hurt, and thereby the recognition that he can love, has come. So in the loss has come a learning which is a new strength.

This insight becomes related to his understanding of God. He recognizes that the running from him because he does have love within him, is also then a running from God. These lines suggest that man cannot experience or feel how God is involved in our relationships until our fearfulness and resistance are cleansed. Then we can recognize how relationships depend upon a power deeper than ourselves.

This recognition flowers into a new concern for his daughter. The recognition of the love that is there and revealed by his "opening up" comes out in a concern turned toward his daughter:

My prayer is that from us you will learn
The lesson; not the pattern we have set.
That love knows not the bonds of pride.

Here, for the first time after the recognition of the despair, and then the fear, and then the immersion in things instead of relationships, has come the recognition that pride, too, is involved. In this little hint in the last line he recognizes that he has not fully given himself to love, that in a prideful way he has only tried to give love out of his own self.

And now there seems to dawn upon his heart a greater acceptance of the struggle, of the working without knowing, of the continuous questioning without final answer, of the patient "working toward," rather than demanding finality. This acceptance is expressed in the following lines:

Must
I
Seek
And never find?
Perhaps
This,
And
This alone,
Is all I need to know
To seek and never find.

Out of the acceptance of the constant search, however, emerge a new kind of hope and a new kind of vision—only in very small glimmers, to be sure, yet still more as a force to be reckoned with:

With each new stumbling step I take,
The glimmer grows and lights my fate,
Of living life with all its score,
Of loving more and more and more.

This desire to live all of the "score" of life with a greater lovingness turns then in the same period into an expression of prayer in a poem entitled "Prayer":

Dear Father who is everywhere
Grant me the wisdom to be a father
Let me give of my life that she may find even greater love.
Unto the child you have entrusted to my care.
Give me the strength to know that she is Yours, not mine.
Help me to let You flow through me, to her.
That You might flow through her.
Help me to show her ways,
Which lead her back
To You.

With this initial cleansing and a new and more vivid feeling toward others, turned in the direction of concern and prayer, now comes a deeper feeling for the way in which God does speak through our relationship with others:

But
Now I've found
That best of all,
He speaks through all of us.

The fluctuation of attention is revealed as he turns from relationships back again toward himself. He approaches deeper feelings that lie within him, recognizing the mystery and the doubt in himself:

Each step I take I seem to feel,
Puts me close to greater mysteries.
But in this way, this patient stride,
I'll come to feelings never known,
Were here for me to feel.

We should not overlook the great importance of this phrase, "this patient stride," for in the gradual acceptance of the steady, patient, planning way is the capacity developed for deeper search and immersion. This same insight is expressed in another poem entitled "Where?" written at the same time. In this poem he meditates upon the nature round him in a foggy, rainy day, yet knowing that the sun is still there above the clouds. As he studies nature from this new more patient and discriminating perspective, this closing stanza comes to his mind:

> Perhaps the truth I seek to know,
> Is bound up in this day.
> That God is here for me to see,
> If I would take the time to look.

It is of vital importance in the process of therapy that a client see the process as desirable, something in which he stands to gain, rather than altogether difficult and burdensome. The feeling that there is something desirable yet to be known, something that will make life richer, is a significant insight. In this following poem, he has not only viewed with some appetite and desire that which is not yet known, but he also begins to understand that this is the issue of life or death, of God or nothingness:

> Strange new thoughts have filled my head
> With every stumbling step I take,
> That life is more than I had ever dreamed.
> And death is death and life is God,
> And I would seek to live.

This same sense of change, and even of recognition of the changing of values, comes to be seen as something that must be accepted and entered into if he desires to live.

> The things I do from hour to hour,
> Change and take a different light.
> By every passing stroke of time,
> My values change, I must accept,
> If life I seek instead of death.

In spite of ourselves, we are apt to think or expect the process of counseling to move in a steady, upward plane. Even though our minds tell us this is not true, our feelings often look forward to the next upward movement following a series of insights. Following his insight that his values and life must change, we might expect some exploration of how this might come to be or what he is to do. However, we see expressed in the following poem the tendency to retreat or to escape grappling with this question. He turns to music which he has loved and which has been a solace and a comfort to him. Important figures in this past life have considered his interest in classical music rather strange and perhaps feminine. Yet he was drawn to this music and found a great deal that was satisfying in it. It expressed both his withdrawal from the reality of the relationships that he knew and also his desire for something better. One night at a social gathering at the

counselor's home the record of Schweitzer playing Bach was played and brought these new and different feelings to the fore in this old and familiar musical context:

I sought to find a moment's peace,
To soothe my thoughts with sounds of Bach.
To leave the probing questions posed this night,
But calming sounds of other days,
Healed not but opened more,
The wounds of doubt upon my mind.

It's though the music swell and searching tone,
Did accent more the question, "Why?"
What seemed before the perfect sound,
Was now a question never heard.
Trilling chords and booming bass,
Seemed searching every bit of sound,
To find that combination,
Shrill,
To shatter lives that they might live.

The quest and the search and the force and the drive mobilizing toward growth reach into and find expression also in the realm of music. Gradually all the different contexts and relationships and associations of his life are beginning to reveal the nature and the outline of his spirit and his attitudes. We have seen how he moved from his internal self, into relationships, into nature, and now into music. All are experienced in a new way and seen from a different perspective.

The recognition that love is not only a place of rest and of peace, but also a venturing and a struggle and an effort and a danger, is gradually being accepted. So this recognition turns again in a new and deeper perspective toward his lost relationship:

I've longed to love a lonely lass,
. . . . . .
. . . . . .
But what I sought will never be,
And I would die if I would try,
To say that love will never hurt.

The transition from a closed to an open life, from surface masks into deeper feeling, from the death of the old husks to the feeling of the new seed is only gradually experienced. The following poem helps to make clear how important it is that we face into and have the freedom to think about death, because the experience of the death of the old self, or parts of the old self, is essential to the experiencing of the new and living self. The following poem in this stage of Curt's struggle helps to make clear to all of us our need to be able to face and to experience fully the meaning of death, for out of it comes new life. It is not hard to understand how significant this feeling-through is for the establishment of a true perspective of faith:

I died.
The wound's so small,
And I so tough,
I never felt the final thrust.

I'm dead,
The numbness all around.

I'd live,
If I could find the way.

I held a wake for me this night,
I mourned for me,
I cried some tears for me.
I laid me down.

But who is this that laid me there?
Who cried these tears, the stains I see,
Who writes these words and thinks to put,
Them on the whiteness of this sheet?
Who feels the numbness of this death?

Could it be that part of me,
Lies there and this is me reborn?
I think perhaps I see His Way,
I'll try to follow there.

The struggle to accept these "changing days" goes on and on and backward and forward. What is old and what is new? What is damaging and what is helpful? What is backward and what is forward? What is stagnant and what is alive? Often this seems to me like the experiencing of one who explores each spoke in a wheel and not until he has gone around half the wheel does he begin to see that the spokes lead to a central hub. The client carries on with his struggle to accept change as valuable to assume responsibility for the depth of his own life:

I thanked this God for changing days,
Each different than the last.
Each new season, truly new,
Giving all a chance to find the way.
What once was color now is white and black,
And black is white or maybe green.
What once was death can now be life,
And each is charged to find his own.

This experiencing of the hardness of the old, the mystery and the puzzle, the emergence of some new part of the self, and the deeper immersion in the whole self and its feelings and values and attitudes finally seems to crystallize toward a point of decision. In the following lines written in November and entitled "Torn in Two" he gives further expression to this feeling of living and dying and the attempt to identify meaning:

A part of me would like to die.
I know not what it is.

Not a leg or hand or foot,
But something deep inside,
Something old and hard,
Which makes me hate and loathe.

It's something dead within,
And I would cast it off,
But in its habitation here,
Its roots are buried deep,
And makes my life not whole.

I search to know what it may be,
For only in the feeling of the way,
In which it makes me torn in two,
Will I find a way to free myself,
So I can grow in life anew.

On the day following the writing of the poem "Torn in Two," he wrote the following poem, "Who." In this shift we become aware of a condition resulting in a shift of focus from the self to the relationship with the counselor. When the conflict or the pressure becomes unbearable within, the client turns to a new exploration of the strength of the counselor upon whom he is depending for help. Here the client recaps the various roles in which he vaguely has felt the counselor, but also recognizes how very little he has been interested or been able to be interested in the counselor. Such scrutiny may occur only at intervals in the process of therapy, yet we are aware of how highly significant this moment is in the decision to go forward and to bear the struggle and the pain of decision or whether to retreat. We notice how he moves into a deeper identification of the strength in the counselor and its source:

In probing deep within myself,
With his unerring help,
His self for me a mystery,
With every time I hope to see,
Crystallize and clear in role,
So I may know to whom I call.

First a cold and knowing scientist,
Then a minister all cloaked in mist,
For a time my father forbidding,
Demanding I live by his own bidding.
Now a conflict calls again,
For me to choose to make a gain.

I fear to call him Christ in flesh,
And fear the worse what I might miss,
If his love I do not feel,
Ah, perhaps at last I've found His seal.
I feel his self is not his own,
But truly God's in every tone.

He's found the peace of life, of self within,
Which is the search that I am in.

In loving him I seek to grow,
So peace and God with me,
I'll know.

The effort to find a new strength or freedom to release himself from the old self and to establish himself in a new and stronger one, which has led him to scrutinize more deeply the counselor with whom he has worked, leads him on then to a deeper feeling about the relationship between God and his own life. He expresses this new context of the question before him in this poem, entitled "What Would God My Life Desire?"

My life's not whole,
It's torn between,
What God would have,
And I have been.
My mind's a fog of fuzzy goals,
Doubts and fears my stumbling blocks.
But time is dear and I must choose,
Before the choice, no longer mine.

The new context within which his life is viewed results in the following week in a deeper understanding of his own feelings and what the relationship of love means.

I wanted love a something sweet,
Not till now can I believe,
That love is more than pleasing her.
I may not know what once I sought,
But now perhaps I'm ready for,
Love that's real and best of all.

The struggle moves on. About one month later, just before Christmas, he expressed in a poem entitled "Yearning Cry" something of the battling of the forces with which he has been engaged again. He has portrayed here the great difficulty the client experiences in leaving the familiar, with what great difficulty he shakes off the spiritual deadness in which he has been living, even after recognizing it for what it is. A further clarification occurs in the last line when he gives conscious recognition to the fact that he is—or a part of him is—his own foe:

I've pushed and struggled,
Fought with every mask I know,
To keep from rising from the dead,
But now the darkness sees Your glow
And I'd no longer be my foe.

The full conscious inner recognition of the weakness and of the immaturity that has held him from grasping the full fruits of life burst forth in the early week of the New Year in a poem called "O Childlike Man."

O childlike man
With desperate pride
Who seeks to hold
And cling with hope so small

To just a bit
Of what is really life.

During the period covered by the poems quoted there had been a somewhat irregular and yet increasing assumption of responsibility. Toward his job, toward his family, toward his friends, toward his church, decisions had been made, relationships had been clarified, and responsibility assumed. In a letter written to the counselor at the end of January some of the shapes of new thinking and the buds of new possibilities are evident both in spirit and in act. He begins to see the value of planning and of patient, steady, and positive effort.

> The most significant learning for me has been in the direction of realizing that I can do something with my life. And further, that this is God's will. There's no sense of shame or futility in regarding my past life, for which I again thank you, for it seems that's all part of the process of growth. There is nothing but gratitude to God for every instant of life He has given me.
>
> Further, I was forever possessed with the idea that overnight one became something or other. In this there was a great sense of frustration and waitingness for that "thing" to happen. Now I am beginning to appreciate in every day that there are opportunities to step in a positive direction. This is only now beginning to be a significant factor in my life. To realize that "it" does not just happen, hit or miss, but that it takes a long, steady, and strenuous pull. Whereas the goal looks unobtainable the next step is there and can be taken. It seems a matter of keeping my spirit dedicated to the goal and my eyes open for the next step towards that goal, and putting my foot to that step.
>
> But most of all my gratitude is the greatest to you for putting me in touch with people. I long ago despaired of being fully a part of loving and being loved by people. The mystery and beauty of talking and being with people of loving, responsive spirits is the greatest gift of my life.
>
> Today, for the first time in my life, I was asked to ask the blessing at a meal. This was and is a tremendously important event of my life for I felt God was with me through you.

This paper has used the poetic expression of a client during the second six months of a year of individual counseling and group therapy to clarify some of the struggle and effort in counseling as it is seen by the client. There are many different ways in which this material can be fruitfully studied. It is interesting to see the client move from a superficial feeling of life into greater depths. Clergymen may be interested to see how he comes to identify Creative Power of God in his own experience. We see how our minds tend to move from focus to focus as we integrate insights concerning ourselves, others' ideas, feelings, and God. From his own point of view it is a journey from defeat, resignation, and fear to a new spiritual rebirth of hope and beginning achievement. There is also material which suggests how all of these movements are affected and influenced by relationship.

THE MINISTER AND MENTAL HEALTH: AN EVALUATION

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From ten years of labor together with ministers in Wellesley, Massachusetts, the staff of the Human Relations Service, a center for preventive psychiatry, has emerged with certain ideas about the nature of this collaboration. From the beginning it was felt strongly that ministers were among the most important of the so-called "community caretakers" for mental health—if they accepted this role in a vital manner and if they received the necessary cooperation from the mental health field itself. We have had to ask ourselves, more specifically, what can the ministers offer a community mental health effort? At the same time, we have looked together at what a mental health team could give in return. Finally, we have grappled with important factors affecting the cooperation itself. And we have emerged with a flexible program, which attempts to meet some fairly specific objectives.

Ministers as Caretakers

Community caretakers include those professional groups who have to do with large numbers of people at important points in their growth and development or at times of physical, psychological, or social distress. The minister, with his diverse functions in regard to his flock and to the community as a whole, is a community caretaker many times over. He is, first of all, a person to whom many people turn when faced with personal or family crisis. Second, he has more or less routinized contacts with people at important choice points in their lives, having to do with religious commitments, marital ties, replanning their lives at times of bereavement, and the like. Third, he is the carrier of important ideas and ideals, which he interprets to his congregation in a way he hopes will have a useful impact on their lives. Fourth, he is the administrative head of an organization that has the potential of meeting some important needs of his congregation—for education, spiritual uplift, fellowship, and mutual support for people of like interests, age, or social status. Fifth, he is often sought out by community groups for help and advice regarding social and other problems of a community-wide nature.

As we have explored these matters with the group of clergymen,

Read to ministers in pastoral care training, Massachusetts General Hospital, Boston, August 12, 1958.

we have learned that the minister as a caretaker is also the carrier of many *burdens*. We have been impressed by the many demands made upon him. These demands stem, in part, from the multi-faceted nature of his role, wherein he expects of himself that he be an effective communicator, a counselor, an administrator, and a friendly visitor, among other things. These demands also stem from the charisma of his position, which make him seen by his congregation as virtually all the so-called many faces of God. We have been most hesitant to add further burdens and have avoided—to use mental health terminology—projecting our own Godlike image on the clergyman. Instead, we have sought ways in which the caretaking burdens could be shared usefully with us—in such a manner that we could be maximally supportive without taking away from the legitimate and important prerogatives and responsibilities of the minister in our society.

"Diagnostic" Contributions of the Ministers

In our collaboration we have come to expect certain things from the ministers. In the first place, we have relied upon them to serve as eyes and ears for us; to help us in our understanding of the community, its residents, their goals and aspirations, and their more common life dilemmas. Second, we have seen them as part of a network of vigilant people, who are often aware of problem situations or of unmet needs affecting all or part of the town. Third, we have relied upon them as so-called "case-finders." In this last capacity, we have learned with great interest that a tremendous range of personal and family problems find their way to the minister's study. Many of these problems are based in the emotional pathology of those involved. Sometimes this pathology is extensive and severe. At other times, it is in its earliest stages, and it is at *such* times that we especially hope to be asked to help in finding solutions through the use of our clinical services. In these first three functions, we have in a sense looked to the ministers as helpers in *diagnosis*—of the community, its needs and problems; of unmet needs and stresses affecting groupings of people; of personal and family crises of greater or lesser severity. In the following functions, on the other hand, we look to the ministers as helpers in creating a *climate for health*—for the community, for groupings of people, and for individuals and families.

Contributions to a Climate for Health

We have gained from the ministers immeasurable support for the community-wide mental health program. A minister, the Rev. Dr. William B. Rice, was among those who helped found the Human Relations Service. The ministerial group has been represented on the board of the agency since its beginning ten years ago. In their sermons and in their other contacts with parishioners, ministers have dignified the work of the agency and created for it the image of a place where people can turn for help without sacrificing any part of themselves or their religious values. We also have gained from the ministers some interest in re-examining their church organizations from the standpoint of what we have called, borrowing

from the educator, "curriculum planning." By this we mean looking at the organization as something that can adapt, change, and plan to meet more effectively the social and emotional needs of groupings of people. Finally, we have gained from the ministers the use of themselves as helpers, counselors, and advisors for individuals and families.

Most important, in the final analysis, we have learned in our work with the ministers about a point of view concerning the individual in relation to society. We have struggled to understand the special terminology which expresses this point of view. For example, we have found that "love" as an element in the relationship of man-to-man and of man-to-his-Maker is a complicated concept involving responsibility, understanding, respect, and forgiveness—not, as in psychiatric terminology, a term referring primarily to instinctual urges or the object of such urges.

Contributions of the Mental Health Team

In the early months much of the "cooperation" between the mental health team and the ministers consisted of the one-sided relationship so far discussed. Gradually, however, it became clear that the mental health team had certain things to offer in return. As the clinical service was organized, ministers could refer parishioners to the mental health specialist for diagnostic studies and sometimes for short-term treatment. Then a second step was taken. We found together that it was possible to deal with *some* problems without actual referral to the clinic. A program of *consultation* grew up, with ministers being free to call upon our staff for help in planning for and working with parishioners. Sometimes these were simple problems not requiring the intervention of the psychiatric specialist. At other times, however, these were some of the most complex situations about which the psychiatrist would feel most pessimistic as far as psychiatric treatment was concerned. We realized that some of the most needful people would never come to the mental health center and that others, equally needful, could not be helped by what we had to offer. These people were and continued to be the responsibility of the minister. Through consultation, periodically or when crises arose, it was possible to help the minister carry this kind of burden.

As the discussions of individual problems proceeded, it became clear that certain concerns were brought most often to the clergyman. A Predicament Study was carried out, with the help of physicians, lawyers, ministers, and others, to determine the kinds of problems presented to the different professional groups and the approaches they brought to these problems. From this work came a focus in the ministers' meetings on certain common life predicaments—or, as we called them, "emotionally hazardous circumstances." Prime among these, for example, was bereavement. We discussed together the psychiatric studies of the untoward consequences of grief and the ministers became alerted to the need for helping bereaved individuals find the strength to express grief and to resolve bitterness over the loss.

From time to time the ministers have suggested some form of in-service training in the way of psychiatric theory, principles of interviewing, or aids for diagnosis. We have been reluctant to undertake such training, feeling that, by assuming the role of instructors, we would also be assuming the position of superior knowledge of what the minister's role should be as he counsels with his parishioners.

We have been sure that the mental health specialist as he entered the community had to develop some new knowledge and new principles in place of what he had learned in the clinic and in the hospital. We have also been concerned about upsetting the traditional role of the minister, which has the many strengths already mentioned that have grown up over the centuries. As it has turned out, the monthly meetings, which have been informal and have provided the opportunity for exchange of ideas and information, have themselves been felt to be useful for the professional development of the participants.

Finally, we, too, have had a point of view to bring to the ministers. Here we have stressed the importance of self-understanding and the knowledge of the inner tensions and conflicts which oppress so many of us and keep us from our fullest happiness, achievement, and service. We have underscored the necessity of bringing out into the open the less savory features of the human being—not for the purpose of giving them free rein, but rather for the purpose of understanding them so as to learn best how to control and restrain them with the least cost to the person.

Problems of Collaboration

Lest this discussion degenerate completely into a testimonial for the "love" (ministers' version) between mental health and the clergy, let us look at some of the difficulties we have faced and, in some instances, continue to face in this collaboration of two professions. First, problems of *jargon* and difficulties in communication have already been mentioned. Second, the problem of *differences in expectations* has been hinted at, with the ministers wishing to learn the magic of the psychiatrist and the latter wishing to gain some of the minister's savoir faire about the community and the life of its residents.

The third problem was raised early in our experience together. It had to do with the respective *values* of these two groups. Was it true that ministers were inflicting emotional damage on people through their emphasis on sin and guilt? Was it true that the mental health people were Godless and immoral—or at least a-moral—people, who considered sexual promiscuity the road to emotional maturity? Many hours of thoughtful, and sometimes most intense, discussion were devoted to these matters. Most helpful in their resolution, however, were discussions of individual parishioners' problems, wherein the two professions were able to reach below the level of concepts and doctrine and discover the similarities in their concern for the spirit of man.

More difficult to resolve is the fact that both the minister as counselor and the mental health specialist are striving towards *similar goals* with their clientele. They may sometimes feel some competition with one another. If psychiatry flourishes, will people desert religion for a new form of salvation? Does the psychiatrist consider his brand of helping superior to that of the minister? Sometimes ministers have resolved this by "sending off" to the mental health team only those people with obvious and serious mental disturbance, who are clearly outside the competence of the minister as counselor. Looking at this same problem from another point of view, the solution advanced sometimes has been "if you can't lick 'em, join 'em." So in this country we have ministers (not in the Wellesley group) whose major value in their own eyes is pastoral counseling and whose training has been at the hands of psychiatrists and psychologists, the latter having joined with the ministers in making "the proper" kind of helping persons out of them. In Wellesley we have continued to hold before us the concept of two quite different and separate professions joined together for common effort in an area of common concern, but whose major strengths come from within their own specialized training and work. It is not easy to maintain this image. Both sides sin in this regard, it must be confessed. The minister holds onto his parishioner and does not share the problem with us. We have been known to hold onto the parishioner once he is referred to us and to forget that his minister continues to be an interested and important part of his life.

At times we have suffered from reticence with one another, which shows itself in *hesitancy to take the initiative* in setting goals and procedures for the collaboration. It is not always clear who is the convener of meetings nor who should take the responsibility for such mundane matters as reminder cards and the like. It has been our observation that ministers are not good "organization men" in Whyte's terminology. They seem to prefer loose confederation to tight-knit structure. I suspect the ministers look upon the mental health team as altogether too non-directive and unwilling to say what they really think or to set directions according to their own wishes.

At the bottom of all the above problems, however, has been the most important difficulty of all—namely, a lingering *ambivalence* or mixture of feelings on both sides toward our cooperative efforts. I am too close to the mental health side to speak of our ambivalences; perhaps this should be left to the ministers to analyze. For the ministers themselves, it would seem, the ambivalence arises from several components. First, there is the fact that they represent heterogeneous backgrounds of experience and religious belief and, added to these, are also to some extent vying with one another for the loyalties and commitments of lay people. Second, there is the recognition that in the field of human relations—whether practiced by psychologist or clergyman—the helping process is no more effective than the person who applies it. The clergyman has his own self-doubts

and feelings of inadequacy; he is not always sure he wishes to share these with his colleagues or to open himself up for inspection to the gimlet-eyed mental health worker. Third, there is the fact that the emotional problems of the people with whom we deal are often altogether too uncomfortably close to what we can see in ourselves, if we let ourselves look clearly at them. Under the circumstances, it is sometimes more comfortable not to look directly at these matters at all.

With such difficulties in mind, it is not surprising to find that the collaborative work has not always had the fullest possible commitment or involvement of the participant. For example, there have been meetings where we have not been sure what we wanted to discuss; sometimes it has appeared as though we didn't have anything to talk about at all. During the past year, however, we have approached this problem more directly and have begun to re-examine and, if necessary, revise both our goals and our ways of working together.

This process of re-examination is not yet completed. At this point, it is only possible to speak from the standpoint of the mental health team in suggesting some possible future directions based on experience to date. A three-pronged program is visualized including: (1) availability of individual consultation with ministers by the mental health center concerning problems of parishioners, either as preparation for referral of the parishioner or for help with parishioners who will not be sent to the clinic; (2) availability of mental health personnel to church groups and organizations for consultation on organizational matters affecting emotional well-being of individuals and for aid in planning and conducting programs for church-school teachers, lay leaders, young people, and others; (3) continuation of the monthly clergy meetings with the following goals: (*a*) sharing of information on individual and family development; (*b*) deepening our understanding of the common life problems of individuals and groups in the community; (*c*) increasing the skills and sensitivities of the participants. In order to achieve these goals, it is suggested that the discussions be carried on in three phases: (1) They would start with general discussion aimed at identifying a problem area (e.g., marital conflict, alcoholism, problems of newcomers) which is of general concern to the group. (2) In the next phase we would explore the problem area in general terms, using our own and outside resources. (3) Next, we would turn to discussion of actual cases coming to the attention of the clergymen and of the clinic, both to understand the complexities of the case and, more important, to examine the strengths and limitations of the minister and the mental health worker as helping persons in such cases.

The plan should allow for consideration of matters of technique, on the one hand, and general questions concerning mental health and religion, on the other. Separating consultation about parishioners from the group meetings should reduce the sense of urgency to arrive at solutions,

while continuing to allow focused discussion of "cases" exemplifying the general problem area.

In summary, it is hoped that these suggestions will satisfy the various needs mentioned earlier—for increased personal sensitivity and ability to serve others; for the continuing study of the community as a social environment, which itself can be more or less healthy; for increasingly intensive analysis of the so-called emotional hazards; and for further consideration of the church and its ministry in helping reduce the number of people who fall by the wayside when exposed to such hazards.

COMMUNICATIONS

Critique of "The Psychodynamics of Religion"

If one were to evaluate various papers published in any of the professional Journals, it would be only natural to find that such papers would range from "poor" to "excellent" as to their content. Occasionally, we may come across an article which is so sub-standard that to classify it even as "poor" would be to give it a recognition it does not deserve.

Such an article is found in the Volume XIII, Number 2, of the *Journal of Pastoral Care*. It is entitled "The Psychodynamics of Religion" and it is written by Dr. W. Van Dusen. Apart from the fact that the style and the vocabulary of the article leaves a great deal to be desired, the author shows almost a complete ignorance of the subject with which he is dealing. He gives us a classical example of confusion by attempting to deal with the immensity of Carl G. Jung's contribution in the field of Analytical Psychology, without showing any understanding of Jungian concepts. Dr. Van Dusen refers to two secondary sources about Jung, not giving the readers even a single quotation from the primary sources.

In a sense, the author is trying to show that religion and psychology are very much the same since "ultimately seen, man has but one task, and it comes as a pleasant surprise to find psychology and religion both have to do with our one task." What this task supposedly is the author does not make clear at all. One can surmise that he is referring to what Jung calls the process of "Individuation." If this is the case, the author would do well to acquaint himself with some of Jung's basic writings.

One cannot help but wonder from whence came Dr. Van Dusen's knowledge of Jung's four Functions. To quote the author "This is borrowed from Jungian *psycho-analysis*" (italics are mine). The material dealing with four Functions—thinking, feeling, sensation, and intuition—is completely misleading and shows that the author's understanding of the role these four Functions play in the life of the individual is inadequate.

Throughout his entire paper, Dr. Van Dusen continually confuses various Jungian concepts with terms and definitions used by other schools of psychology. Although, for instance, the references that he makes would by their very nature suggest to us *collective unconscious* (Jungian concept), Dr. Van Dusen uses the term "Unconscious" in the Freudian sense and tells us to "make the unconscious conscious." Jung has repeatedly stated that "the most astonishing thing about the Unconscious is that it is really unconscious," meaning that it is impossible to make the unconscious conscious.

In dealing with transference and counter-transference, Dr. Van Dusen

again shows the lack of understanding of these two very important terms. He talks of "the transference or the patient's primary unconscious and partly conscious transference," and yet we do know that transference is always the constellation of the unconscious and so is the counter-transference. Whenever, for instance, transference becomes "partly conscious" it is no longer considered as transference.

Whatever Dr. Van Dusen means by "mystical theology" is a real mystery. One can only hope that in the future he will study more carefully what *"theologists* can tell us" (italics are mine).

There is only one reason why I have responded to Dr. Van Dusen's article. I fear that it would be most unfortunate if the readers of the *Journal of Pastoral Care* were to think of Dr. Van Dusen's paper as representing in any sense the concepts of Analytical Psychology.

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Answer to Mr. Billinsky

I've seen many criticisms and replies in journals and they always leave me with the feeling of two children squabbling. To go beyond this, may I examine for a moment the dynamics of criticism itself? To begin with, the critic is fascinated by the subject in question. If he weren't, he would simply pass by the paper in question. He is fascinated enough to think about the subject, formulate ideas, set them down, and so forth. Another aspect is that the critic actually visualizes how the subject could be handled. Thirdly, the critic wishes to appear in print. Hence he writes to the journal. He usually doesn't even contact the author. Now put these factors together and one can see what moves the critic to such expression. He is fascinated by the subject matter; he thinks how it should be handled; and he wants to write and appear in print. The critic often has not appeared in print on the subject. The people who have written widely on a subject usually don't criticize. They ignore poor papers in their field. They've said what they want to say and that is enough. The critic usually hasn't had his say. The critic thinks deeply of a subject; he visualizes the way to present it and then gets angry at the one who has failed to present it. Without wishing to argue *ad hominem,* it appears to me that one is often critical because one hasn't done what one wishes to do. The critic hasn't measured up to his own standards. The anger is turned against the other fellow, and by writing of his anger the critic reaches print in his subject. I really believe the critic is potentially able to handle the subject. When he has done it well himself, he won't be so angry at apparent failure anywhere.

Beyond this there are certain matters of fact involved. It was not my intention at all to present Jungian analysis. Since my critic projects this tendency onto me, I suspect that he would like to do so. I used some peripheral aspects of Jung's analytical psychology to illustrate a point of my own. The typology was used merely to get the minister to consider

that his parishioner may have an utterly different orientation to the world from his own. I could have done this with the existential concept of unique modes of being-in-the-world, but the typology appeared easier to understand. My critic says that I know nothing of this typology. That may be, though I have done three years research on it, designing the only projective test of the Jungian types I know of.

It is true I was getting at individuation, but I didn't really want to present the complex mythology of the unconscious of Jung. This would have prevented understanding on the part of ministers unacquainted with Jung. I wanted to say quite simply to the minister, consider that the person before you may have an entirely different orientation to the world than yours. Help the person before you in terms of his orientation, his world. Help the individual to God through that individual's own world of experience rather than pounding him with dogma. I intended to use Jung only peripherally in this. My use of the word theologist was an error, but I don't believe *theo - logians* would mind my error.

But Mr. Billinsky is wrong in a simple matter of fact about the Jungian analysis that I'm not supposed to understand. I'm willing to take for granted that he knows something of Jung and that perhaps I misunderstood his words. It comes in where he says, "that it is impossible to make the unconscious conscious," and is implied in what he says of transference. The quotation he says Jung has stated repeatedly I cannot find in any of the English translations of Jung. Moreover, the keystone of Jung's therapy is that consciousness must assimilate the unconscious (e.g., *Collected Works,* Vol. 16, p. 20, paragraph 26). If Mr. Billinsky cares to write to me, I can show dozens of references to this.

But this is to stray from my central point which was not Jung but that God lies quite palpably within the individual. After some recent visions of the nature of God had while under the drug LSD-25, I'm ready to agree that my paper and all writing in this area is poor alongside the shocking ecstasy of an experience of the Living God.

Through actual experience I believe psychotherapy is an approach to the Living God within. That is my belief and my point.

I look forward to the work on Jung that Mr. Billinsky envisions.

W. VAN DUSEN, PH.D.

Mendocino State Hospital
Talmage, California

BOOK REVIEWS AND NOTICES

EDITED BY THE REV. ROLLIN J. FAIRBANKS

Human Potentialities: Gardner Murphy; Basic Books, New York, 1958. 340 pp. $6.00.

Out of his rich store of psychological knowledge and a profound reflective talent, Gardner Murphy has fashioned a rewarding book on the nature of man. It is his thesis that man will survive his current crisis only if he is able to fulfill the potentialities that lie not merely within his nature, but especially in the interaction between an ever-changing human nature and an ever-changing environment. These potentialities are (in Murphy's view) to be realized only through the application of science, as a way of life, to the understanding of self and society.

To develop this thesis, Professor Murphy discusses three kinds of human nature, drawing heavily upon biological and social psychological theory and research to orient the reader to each. The biological individuality of man, his emotional and intellectual equipment unchanneled by culture, constitutes the first of these natures. The second is less flexible; it is the standardized product of culture, committed to maintenance of cultural tradition. The third human nature is that thrust toward discovery and intellectual adventure by which cultural conformity—and, hopefully, our seemingly endless struggle at the brink of destruction—can be transcended.

For the clergyman and for the thoughtful lay reader who wishes to assess the promise of man's present knowledge of himself and the potentials of future knowledge, this is an important book. Professor Murphy urges the need for self-directed change. He sees the prospect of substantial biological change, along lines not merely extrapolated from present trends; here the future is only dimly seen. Politically he sees relatively few alternatives as power agglomerations lead in the long run to some kind of world society. Whether or not one agrees with the full argument developed, cogent questions are posed.

Some readers may be puzzled by the lack of explicit consideration of religion and of the spiritual realm. Yet implicitly the spiritual is seen by Murphy as a crucial aspect of human nature. Man is not distinct from the universe; he is part of its pattern of exquisite vibrations, but he has the potential for self-directed change.

Most of the book is lucidly written; the language is sometimes poetic, often elegant and seldom pedantic. One senses a tremendous desire to break away from the channels of usual thought, and at times the conventions of language itself pose difficulties. As Professor Murphy makes clear, it is not easy to break the bonds of the systems of thought which constitute our "second human nature." Here, though, is a book decidedly worth wrestling with.

JOHN A. CLAUSEN

Modern Courtship and Marriage: E. E. LeMasters: Macmillan, New York, 1958. 619 pp. $5.50.

While essentially a textbook on marriage, this volume also presents a meaningful analysis of the American customs in courtship. With marriage they are examined in the light of the larger perspectus of social organization. The reader is confronted with modern folklore which relates to this area. Interesting cases from the author's marriage counseling practice are given as illustrative material. Dr. LeMasters seeks to relate the reader to the significant results of the major studies in the field. An underlying aim of the author is to seek to *prevent* unfortunate marriages, rather than to seek to salvage them later.

A five-stage system is outlined, which characterizes American courtship—group dating, random dating, going steady, pinning, and engaging—which leads to progressive commitment and to marriage. The author analyzes these steps, devoting a chapter to each. The system is a flexible one, and it is possible to enter or leave the system at any point. Although one can skip or bypass stages, it is healthier if he does not do so but participates in each, since each one provides necessary lessons for life. In the American courtship system the young people are essentially on their own. This not only indicates that we place a great deal of faith in them, but it also indicates that we expect a high degree of self-control from relatively young individuals. The final responsibility for choice of marital partner rests squarely upon the shoulders of the young people themselves. This is quite different from the practice in other societies, where there is not only rather strict chaperonage, but also more carefully structured processes of selection of mates. Are we expecting too much of our young people in our courtship system?

In relating some of the basic features of the American marriage system, the author points to the great emphasis upon the romantic element in courtship and marriage. Love seems to be a dominant theme in our present-day culture. The greatest sin a husband or wife can commit is to be "psychologically cold," as over against "sexual coldness." A serious question which confronts the American man and woman is whether or not they are capable of being so romantic. A very high standard of personal compatibility is demanded in our society, a standard which is set much higher than in most other societies. Dr. LeMasters emphasizes that marital adjustment is to be conceptualized as a "capacity for adjustment" rather than as an "absence of problems." Marital adjustment seems to vary according to the aspect of marriage which is under consideration. Thus total adjustment in marriage is actually a composite consisting of numerous areas of adjustment. He defines "mixed marriage" as consisting of a marriage which involves individuals from two distinctively different subcultures.

The child-bearing role of women is less dominant in our society, while in certain other societies a marriage is considered a failure if children are not one of the products. More of our women are found to be working outside of the home. In 1950, between 25 and 30 per cent of American wives held full-time positions. We are working more toward an equalitarian relationship in marriage. A higher standard of living is a constant aim of our American way of life. Are our values sound?

The author presents a very interesting discussion on "marriage and money." He concludes that economic factors enter into marital adjustment, even if we do not know how. Some of these possible "hows" are considered. Husbands and wives must agree on general financial policy if there is to be peace in the home. For example, we see the great discrepancy which would exist if a wife held that money exists to buy things to help people enjoy life, and if her husband insisted that money exists to be put in banks. Dr. LeMasters indicates that the use of money is more emotionally directed than rationally based.

The author concludes with the sobering statement that marriage involves a decision deserving the most mature study and consideration of which we are capable.

PAUL R. SWANSON

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Psychology, Psychiatry, and the Public Interest: Edited by Maurice H. Krout; University of Minnesota Press, Minneapolis, 1956. 217 pp. $4.00.

Every book of readings has its limitations, but the first evaluation criterion is always that of selectivity. On this score, Dr. Krout scores very, very high. His nineteen selections are pertinent to the theme, and readability is unusually good. All the pieces are concerned with answering a general but basic question: What is the proper relationship between the professional disciplines of psychology and psychiatry? Suggested answers to this question are given by such authorities as Nevitt Sanford, Albert Ellis, Carl R. Rogers, Rollo May, and others of equal stature.

This relationship, so clearly stated in this volume, is becoming more and more significant as psychology and psychiatry grow professionally. And although the basic issue of demarcation and responsibility is a central one, what is perhaps even more important is the impact which this issue has on the public and on the related professions including social work and the ministry.

Both professions, psychology and psychiatry, are admittedly too new and too dynamic to have achieved the "proper relationship." Therefore, in this sense, the volume is a prolegomena to the issue, but it is a good one.

ORLO STRUNK, JR.

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Late Dawn: Elizabeth Vandon; Sheed & Ward, New York, 1958. 184 pp. $3.00.

The story of religious conversion is perennially absorbing; Miss Vandon, in *Late Dawn,* tells us something about her own conversion from a vaguely Protestant non-belief to Roman Catholicism. She paints a picture of an unhappy childhood and a broken home. Her religious instruction was slight; she records that she thought of Christ as surrounded by a "white light." She becomes an artist, a bohemian, is seduced, takes to drugs, is beset by depression. The Preface tells us that at some point she was married, but no reference to this fact is made in the body of the book. Freudian analysis fails to bring her fulfillment. She eventually discovers meaning in a journey to the West of Ireland, where she recognizes again

the same white light which she had been aware of surrounding the Christ of her childhood, but now as a tremendous force emanating from and surrounding a young Roman priest. She goes to him for advice, and is given a "miraculous medal" and told to pray to "Mary conceived without sin." The conversion is shortly thereafter consummated by baptism and first holy communion.

The premise of the author is that her unhappiness was not merely complexes and urges; and that it could be overcome only by a new approach to reality, which, on examination, is proven to be mystical. She explicitly rejects her analysis as having given any substantial or essential help with her problems, and chooses instead the way of mystical communion. The book lacks factual substance; to this reviewer, it appears to be abstract, divorced from reality. Miss Vandon seems more interested in ideas than in life.

A religious biography can be helpful if it presents the facts of a person's life and shows him wrestling to bring meaning out of them, while yet standing under judgment and grace. Here we see the high spots and ideas; the author wants to give us the taste without the meat, a task to tax human ingenuity.

THOMAS V. SULLIVAN

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Imagination and Thinking: Peter McKellar; Basic Books, New York, 1957. 198 pp. $4.25.

The activity of the human mind in its whole range from the uncontrolled activity of dreams to the careful processes of scientific and logical thinking is the subject of this book. The author distinguishes between A-thinking which is defined as "autistic" or non-reality adjusted and which is characteristic of dreams, fantasy, the hypnagogic state between sleep and waking, and day-dreaming; and R-thinking which is reality adjusted and which characterizes sanity and waking consciousness in their more logical, realistic, and prejudice-free moments. He examines mental imagery in the various sensory modes, the mixed A-thinking and R-thinking as well as the fundamental humanness of the psychotic, and the production of scientific and creative "thought-products." A great mass of interesting, and sometimes little known, research is brought together to give as complete as possible an account. The author concludes by indicating the need for more research into the "crucial" problem of how to gear thinking to fact instead of fantasy and thus make the fullest use of the results of human inquiry.

JAMES G. MILLER

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Longer Life: George Soule; Viking Press, New York, 1958. 151 pp. $3.00.

This is an imaginative and provocative approach to the situation in which an increasing number of persons in our population find themselves, namely, a constantly lengthening life span in the face of enforced retire-

ment. This means that we sentence most of our elder citizens in the last one fourth of their life to a drastic cut in income, even to the extent of pauperizing many of them, to a loss of freedom, and to discrimination against them in access to work, goods, and services. Mr. Soule describes the human waste of such policies in clear and concise terms. He deplores the segregation which follows discrimination and which in turn results in isolation and deterioration. He makes a good case for a more equitable distribution of leisure and income among all age groups.

As an editor, economist, politically scientist, and an older person, Mr. Soule is exceptionally well qualified to write this book. He summarizes succinctly a vast amount of precise data about the effect of aging and the economics of our present policies. The book is easy to read. Its clear-headed, hard-hitting, well-founded approach makes it a good book for study and discussion as well as for general reading.

PAUL B. MAVES

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Good News for Later Life: New York State Joint Legislative Committee on Problems of the Aging; Legislative Document (1958) No. 8. 169 pp. Free upon request.

Upon the tenth anniversary of its existence the Committee looks back upon a decade of awakening interest in the aged and forward to a decade of long-range program planning. Most of the papers in this report deal with the two major problems of the maintenance of income and of health. The Committee recommends ways to insure more cash income for the aged, less discrimination in employment, more subsidized housing, and better facilities for alleviating chronic illness.

PAUL B. MAVES

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Child Psychiatry (3rd Ed.): Leo Kanner, M.D.; Charles C. Thomas, Springfield, Illinois, 1957. 777 pp. $8.50.

Although this is the only volume on child psychiatry in standard reference textbook form, it is not only inadequate, but would prove actually misleading to anyone consulting it under the impression that it is representative of current theory and practice. Although faint, reluctant lip-service is paid to Freud himself, most psychoanalytically oriented workers are quoted (usually out of context) only to be ridiculed. Nearly all child psychiatry today is practiced either in child guidance clinics or by private therapists trained in such clinics, with special accreditation by the AAPCC (American Association of Psychiatric Clinics for Children). Pastors trying to use this book to orient themselves for referral to or collaboration with such therapists would find communication hindered rather than enhanced. A great deal of research in the field is in progress, and many advances have been made, but none of these are mentioned by Dr. Kanner. It is to be regretted that he who was certainly one of the important pioneers in American child psychiatry has not kept pace with the development of this important field of psychiatry.

RUTH B. BEUSCHER, M.D.

Power through Prayer Groups: Helen Smith Shoemaker; Fleming H. Revell, Westwood, New Jersey, 1958. 112 pp. $2.00.

The author has written clearly and briefly with the assurance of someone who believes in what she has to say and can, therefore, state it simply. Starting with the conviction that prayer is significant in creating power for living, she first attempts to convince others that this is so. Mrs. Shoemaker then proceeds with some practical suggestions for forming prayer groups and schools of prayer. This latter part of the book is the more helpful and convincing. In particular, the author's handling of the matter of relationships between clergy and a prayer group make this a more helpful book for ministers than many books in this field. Also, the matters of sharing personal problems with a few intimates, and the relation of prayer to the lay ministry are written with delicacy and skill.

ELISABETH MUSSER

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You and Your Adopted Child: Eda LeShan; Public Affairs Committee, 22 East 38th Street, New York, 1959. 25 cents.

This pamphlet, the 274th in the Public Affairs Pamphlet series, is designed to provide help for parents of adopted children.

LUBERTA M. McCABE

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Religion in Child Adoption: National Women's Conference; American Ethical Union, 2 West 64th Street, New York, 1959. 10 cents.

This pamphlet presents a brief survey of conflicts that arise from opposing positions of various religious groups in our society and their effect on adoption practices. Representative views of the Protestant, Catholic, and Jewish faiths are presented, as well as views of lawyers, judges, and social workers.

LUBERTA M. McCABE

OUR REVIEWERS

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CURRENT PERIODICAL LITERATURE

EDITED BY THE REV. JOSEPH FLETCHER

"The Ego and Mystic Selflessness," by Herbert Fingarette, in *Psychoanalysis and the Psychoanalytic Review,* 45:1&2, Spring - Summer, 1958, pp. 5-40.

Most psychoanalytic studies of mysticism have been "id-oriented" but the development of psychoanalytic ego psychology offers a better basic review of mystic language and experience. "Ego-oriented" psychoanalysis indicated a marked similarity between the expression of a person who has achieved insight through psychoanalysis and the language of many mystics. We may suspect that the traditional id-oriented analyses of mystics, stressing regressive phenomena, have been incomplete. Zen Buddhism especially, but not exclusively, helps us to see this. Because "selflessness" is a common mystic concept associated with the "enlightened" state, psychoanalysis looks for a clue to the conditions of "selflessness." Depth study shows that absence of ego or loss of ability to distinguish between "inner" and "outer" (as in hallucination or self-alienation) does not come near being correct for the contexts in which "selflessness" is used. It is better thought of as like the unselfconsciousness in our normal unawareness of breathing.

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"1000 Prefrontal Lobotomies—a Five-to-Ten Year Follow-up Study," by H. S. Barahal, M.D., in *The Psychiatric Quarterly,* 32:4, Oct., 1958, pp. 653-690.

It is somewhat anticlimactic to make this study since the ataractic drugs (the new pharmacotherapy of "tranquilizers" and "boosters") have bypassed surgical procedures for the most part. But for the record: this five-to-ten year follow-up record of patients treated by prefrontal lobotomies shows that 21 per cent were discharged from hospital—although only 16 per cent could be traced at home. Of the patients thus treated, only 6 per cent who had been in hospital five years or more were discharged, but 44 per cent of those who had been in under a year were able to return to the community. About 68 per cent of those treated by lobotomies are still in hospital, 38 per cent of them showing improvement. Death came to 6.2 per cent as a result of the surgery. The total of postoperative convulsions, 14 per cent, seems fairly high. The author assumes that this procedure will rarely be used now that drug therapy has come—probably restricted to cases which fail to respond to electric and insulin shock or the ataractic drugs. It should be a last resort, and can wait for at least two years while other methods are tried, even though Freeman and Brill incline to a shorter period for alternatives. However, the latter opinions were

All abstracts by Mr. Fletcher.

offered before the ataractic era. (In a discussion of this paper by other physicians, no significant disagreement was expressed.)

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"America's Bank of Life," by Lillian Kaiser, in *Child-Family Digest,* 17:6, Nov.-Dec., 1958, pp. 45-49.

A baby was born allergic to all known formulas and was kept in incubator so that the mother could not feed her. A car rushed from a nearby city with a supply of thin, round bluish wafers. They were pasteurized, frozen human breast milk. There are eleven such "banks" in America today, 150 in the world altogether. The milk is banked by volunteered milk from the superabundance of nursing mothers, carefully screened for pathologies. Donors receive instructions for manual expression of the milk, or electric pumps are lent by the bank. Public Health and Visiting Nurses spread the word and assistance. The minimum from active donors is two ounces daily. Volunteer drivers have a regular "milk route" for picking up the donations. This practice has the happy effect of increasing the mother's lactation and insuring her own infant's supply. Some banks pay the donors: a soldier's wife in California received sixty dollars a month, at ten cents an ounce—half as much as her buck private husband's paycheck! (She confessed to having weaned her own child to sell all her milk!) Obstetricians and pediatricians push this development in new communities. In some communities the recipients are charged according to ability to pay. The one in Evanston, Illinois, is the only one that receives donations free and provides them free. Some banks are under private hospital auspices, some are independent. In one town the Junior League supplies half of the electric breast pumps and one League husband, being an electrical engineer, does the repair work for free! The places with breast milk banks at present are: Chicago, Evanston, Boston, Los Angeles, Phoenix, Denver, Minneapolis, Wilmington and Essex, New Jersey, and Dayton, Ohio.

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"The Psychology of Religion and the Understanding of Man in Religious Education," by Walter Houston Clark, in *Religious Education,* 54:1, Jan.-Feb., 1959, pp. 18-23.

For forty years "the psychology of religion" has languished. Since James Bissett Pratt's *The Religious Consciousness* only an occasional book has punctured the twilight. There are signs of a revival but in the meantime William James' *Varieties of Religious Experience* remains a good tool. Modern religious education, contrary to the idea that Horace Bushnell has of eliminating doubt, tends to find more valid and fruitful the opinion of Gordon Allport, "the mature religious sentiment is ordinarily fashioned in the workshop of doubt." The present movement in clinical pastoral training and counseling comes from the poignant sufferings of Anton T. Boisen, who was forced to a radical reordering of his religious views in illness. The psychology of religion has shown that religion springs from man's need to give and receive love, and to find meaning for his life. God and neighbor are the *relata* of life. William James' two categories of the religion of healthy-mindedness and the sick soul help religious education to define its function. Even if the aim is healthy-mindedness much is owed to doubt and conflict—to the creative religious possibilities of suffering.

NEWS AND COMMENTS

A course in "An Introduction to the Pastoral Care of the Mentally Ill" for Washington clergymen began September 28. Sponsored by the Council of Churches, National Capital Area, Department of Institutional Ministry, and taught at Saint Elizabeths Hospital, the course is designed to help the busy community clergyman develop a more effective pastoral ministry, both to his parishioner who is ill and to the members of the patient's family. This will be the eleventh such course given at the Hospital through the Council of Churches. It is under the supervision of the Rev. Ernest E. Bruder, Director of Protestant Chaplain Activities at Saint Elizabeths Hospital, and the Rev. Edward F. Dobihal, Jr., and the Rev. Arthur H. Rost, Protestant Chaplains. Lecturers are from the Hospital staff.

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The First Annual Meeting of the Academy of Religion and Mental Health will be held January 13-15, 1960, at the Hotel Biltmore in New York City. The sessions will be held on January 14 and 15 and will feature workshops, seminars, and panel discussions. A luncheon will be held on both days and the guest speaker on the 14th will be Dr. Paul Tillich.

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Dr. Russell L. Dicks, widely known as counselor, lecturer, writer, and teacher, is Director of the Pastoral Counseling Center in Greensboro, North Carolina.

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During the week of October 5-9, at the Congregational Christian Center in Framingham, Massachusetts, the Institute of Pastoral Care held a Fall Conference of Chaplain Supervisors and those working toward accreditation as Supervisors. A report of this Conference will appear in the Spring 1960 issue of this *Journal.*

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Chaplain Supervisors newly accredited by the Institute of Pastoral Care are: Leroy B. Futscher, Herrick Memorial Hospital, Berkeley, California; Arthur D. Leaker, Worcester State Hospital, Worcester, Massachusetts; Paul C. Mills, Albany Hospital, Albany, New York; Skillman Myers, Medfield State Hospital, Harding, Massachusetts; Paul R. Swanson, Massachusetts General Hospital, Boston, Massachusetts; Helen E. Terkelesen, Boston City Hospital, Boston, Massachusetts; Herbert A. Tyson, State Hospital No. 2, St. Joseph, Missouri; and John A. Whitesel, University of Indiana Medical Center, Indianapolis, Indiana.

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Eleven men have been granted the status of Acting Chaplain Supervisor in the Institute of Pastoral Care for the coming year. They are Robert C. Alexander, Central State Hospital, Indianapolis, Indiana; Emil M. Hartl, Boston State Hospital, Boston, Massachusetts; John R. Howard, White Cross Hospital, Columbus, Ohio; Homer L. Jernigan, Boston State Hospital, Boston, Massachusetts; Dale L. Kohr, Pineland Hospital and Training Center, Pownal, Maine; Haldean S. Lindsey, Memorial Hospital, South

Bend, Indiana; Oscar Phillips, Boston City Hospital, Boston, Massachusetts; Kenneth E. Reed, Methodist Hospital, Indianapolis, Indiana; Lacy C. Standifer, Abilene State School, Abilene, Texas; Robert J. L. Williams, Boston City Hospital, Boston, Massachusetts; and Merlin W. Zier, Rainier School for the Mentally Retarded, Buckley, Washington.

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Institute of Pastoral Care Supervisors who have recently moved include Leon F. Kenney, from Wesson Memorial Hospital, Springfield, Massachusetts, to St. Louis State Hospital, St. Louis, Missouri; Herbert A. Tyson, from State Hospital No. 1, Fulton, Missouri, to State Hospital No. 2, St. Joseph, Missouri; and John A. Whitesel, from Upstate New York Medical Center, Syracuse, to the University of Indiana Medical Center, Indianapolis, Indiana.

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Chaplain Robert Williams is at the Jungian Institute in Zurich, Switzerland, for a period of study.

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The Rev. Henry Taxis will be conducting clinical pastoral training programs in connection with the Juvenile Court facilities in Minneapolis, accredited by the Council for Clinical Training.

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The Rev. Ralph Carpenter has moved from the New Jersey Neuropsychiatric Institute (Princeton) to Richmond Memorial Hospital in Virginia, where he will continue to conduct clinical pastoral training programs.

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The Annual Conference of Supervisors of the Council for Clinical Training was held at Christ Church Cathedral in St. Louis, Missouri, October 26-29. A report of this Conference will appear in the Spring 1960 issue of this *Journal.*

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Supervisors newly accredited this fall by the Council for Clinical Training are at the following locations: The Rev. Aldine E. Anderson, Austin State Hospital, Austin, Texas; the Rev. Tommie L. Duncan, U. S. Public Health Service Hospital, Fort Worth, Texas; Mrs. Dorothy Faust, 198 South Dawson Avenue, Columbus 9, Ohio; The Rev. Peter B. Goodfellow, Fairhill Psychiatric Hospital, Cleveland, Ohio; The Rev. Paul H. Kapp, Hadley Memorial Hospital and Rehabilitation Center, Hays, Kansas; The Rev. Delbert S. Maher, Connecticut State Hospital, Norwich, Connecticut; The Rev. Seth Q. Shaver, 1971 Panola Road, Atlanta, Georgia; The Rev. Albin S. Sherve, North Dakota State Hospital, Jamestown, North Dakota; The Rev. Allen J. Thiessen, Larned State Hospital, Larned, Kansas; The Rev. Dean M. Williams, Columbus State Hospital, Columbus, Ohio; and The Rev. David A. Wyatt, Sterling Methodist Church, Sterling, Colorado.

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The Menninger Foundation, Topeka, Kansas, has been awarded a $33,000 grant from the Eli Lilly Endowment Fund, Indianapolis, Indiana. The money is to be used to provide grants-in-aids, stipends, and fellowships for candidates accepted for clinical pastoral training in institutional centers affiliated with the educational activities of The Menninger Foundation. Grants-in-aid will provide $100 per quarter for first-quarter students; stipends will

NEW ADDRESS — JANUARY 25, 1960

The Council for Clinical Training, Inc.

Fourth Floor

The Interchurch Center

475 Riverside Drive

New York 27, New York

The Central Office of the Council for Clinical Training will move to the above address January 25, 1960. Please continue to send mail to 2 East 103rd Street, New York 29, New York, until that date, but after January 25 please direct all mail to the new address above.

PLEASE NOTE — NEW ADDRESS NOT EFFECTIVE UNTIL JANUARY 25, 1960

provide $100 per month during advanced periods of training. One fellowship position is open to an ordained clergyman or professionally qualified worker in religious education who has completed a period of advanced clinical pastoral training (or its equivalent) and who is interested in work with disturbed children or adolescents. The fellowship award will provide up to $5000 per year. In each case the fund will be used where church or public funds are not available. First awards under the three-year grant will be made during the Fall quarter 1959.

Accredited training centers affiliated with The Menninger Foundation are: Boys Industrial School, Topeka (Joe Caldwell, Chaplain-Supervisor); Larned State Hospital, Larned (A. J. Thiessen, Chaplain-Supervisor); Topeka State Hospital, Topeka (Charles Hall, Chaplain-Supervisor). Applications for training must be completed before considerations for grants. Applications are made to the Council for Clinical Training, 2 East 103rd Street, New York 29 (after January 25, Interchurch Center, 475 Riverside, New York 27). Inquiries may be directed to the Chaplain-Supervisors.

Other affiliated institutions where training is not currently available include: Medical Center for Federal Prisoners, Springfield, Missouri; Osawatomie State Hospital, Osawatomie, Kansas; Parsons State Hospital and Training School, Parsons, Kansas; and Winfield State Hospital and Training School, Winfield, Kansas.